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THE  
**Quebec**  
MEDICAL JOURNAL.

CONTAINING

A CRITICAL ANALYSIS OF RECENT PUBLICATIONS,

WITH

DETAILED AND COMPLETE HISTORY OF THE NEW DISCOVERIES AND IMPROVEMENTS OF THE MOST EMINENT PRACTITIONERS ON THE VARIOUS BRANCHES OF MEDICAL SCIENCE, VIZ: ANATOMY, PHYSIOLOGY, MEDICINE, SURGERY, CHEMISTRY, PHARMACY, BOTANY, NATURAL HISTORY, MEDICAL JURISPRUDENCE AND MEDICAL POLICE, AND THE BRANCHES OF HYGIENE, AND ALL THE OBSTETRIC ARTS.

AND ORIGINAL ESSAYS, CASES, &c. &c.

—♦♦♦—  
EDITED BY

XAVIER TESSIER,

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VOLUME II.  
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1827.

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JANUARY, 1827.

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CRITICAL ANALYSIS.

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*Elements of Medical Jurisprudence.*—By THEODORIC ROMEYN BECK, M. D. Professor of the Institutes of Medicine, and Lecturer on Medical Jurisprudence in the College of the Western District of the State of New-York, &c. &c. Second Edition, with Notes, and an Appendix of original cases and the latest discoveries.—By WILLIAM DUNLOP, M. R. C. S. L. Member of the Medico-Chirurgical, and of the Wernerian Society of Natural History, Edinburgh; Lecturer on Medical Jurisprudence, &c. &c. pp. 640 London, 1825.

FROM the immense number of works, which have, of late years, swelled the medical library of the public, with all the information which men could ever be expected to obtain, it had almost become a question, whether any thing more remained to be added to the vast stock of knowledge it already possessed. Hence that overflow of writings and books which would make reading a mere amusement, instead of proving a plentiful source of useful instruction. But the work now before us, the contents of which we shall attempt to present to our readers, is one of the few which have powerfully contributed to place this question beyond doubt; nay, its author



has carried the science of Medical Jurisprudence to a degree which leaves hardly any thing to desire, in the various departments which it embraces. The Editor himself does not fear to challenge a comparison with any of the English works, in scientific accuracy, philosophical plainness and precision of style, extent of research, genuine scholarship and erudition, pointedness of illustration, and copiousness of detail and reference to original documents. Dr. Andrew Duncan Junr. also asserts that, under the unassuming title of Medical Jurisprudence, Dr. Beck has presented us with a comprehensive system, the diversified departments of which have been so minutely investigated, that few cases can ever occur in practice on which it will be found necessary to seek elsewhere for further information. Indeed we may say that it contains within its comparatively small bulk, the choicest Medico-legal library for the practitioner. Dr. Male also, the father of English Medical Jurisprudence, expresses his opinion in the following words: "Dr. Beck has recently published one of the best works on Juridical Medicine which has been compiled either in this or any other country."

In our last number, we took occasion to dwell on the importance of this science, and on its necessity in the cause of justice and humanity, when speaking of M. Bertrand's Manuel, but more particularly in the notice we gave of a trial for rape which lately took place in this city; and although the convict was then under sentence of death, we did not hesitate to express our conviction of his innocence, and we feel no little gratification, from hearing that some circumstances have since appeared which corroborate our assertion, and in consequence of which our equitable Governor has set the captive at liberty.

Such are the happy results which would invariably follow a careful enquiry of all the circumstances necessary to the beneficial administration of justice. But, however satisfied we

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may be of having discharged our duty in the protection of in-  
 nocence, we cannot but regret that these investigations should  
 be made during the trial, which would in many cases, save  
 an honest and useful citizen, the disgrace of an unmerited  
 sentence which stamps his character with an ignominious and  
 lasting reprobation ; whilst they would, on the contrary, tend  
 to the detection of crimes, which can only be truly delineated  
 by the means which Medical Science affords of giving to at-  
 tested facts, a just appreciation of the confidence to be placed  
 in the assertion of ignorant or corrupt witnesses. We are  
 however bound to acknowledge, that in the particular ins-  
 tance to which we just alluded, the life of the accused could  
 not be entrusted into abler hands than those of the eminent  
 Counsel who stood in his defence, but who, unfortunately,  
 placed too much confidence in the judgment of an unen-  
 lightened jury. This reflexion we are led to introduce on the  
 present occasion, as it proceeds from a thorough conviction  
 that the practice hitherto observed in this country, of select-  
 ing Jurors among the lower class of citizens, who are gene-  
 rally without any education, does not contribute so ably to  
 the ends of justice, particularly when the life of a man is at  
 stake, as if that important body were taken from the more  
 enlightened classes, such as the Grand Jurors are : the latter  
 being, in our opinion, a more competent tribunal than the  
 former, for the discharge of this very serious and sometimes  
 difficult function ; still we are happy to observe this precau-  
 tion taken in matters of a civil jurisdiction, when the honor  
 or property of the citizen is in jeopardy, and we sincerely hope  
 it may be extended to the protection of life, the dearest of  
 all properties.

We beg pardon for this suggestion ; and we feel confident  
 it would not be doing justice to the good sense of our coun-  
 trymen, if we were to expatiate longer on a subject which it  
 is our intention, in the following pages, to place in its true

light. Our readers will shortly be convinced, that we could not have a better opportunity of laying before them a complete and faithful view of the present improved state of Juridical Medicine, in all its departments, than by unfolding the pages of Dr. Beck's volume, which he has offered to the public with that diffidence and modesty, the true criterion of superior merit. In the Preface, instead of meeting with the usual apology of author's pretensions to priority of opinion or improvement, or the display of vain humility, we find an acknowledgment of the various sources from which he has collected his principal materials, leaving the reader to appreciate his own personal merit. In the Introduction, which is a comprehensive retrospect of the progress of medical jurisprudence in Germany, France, England, and the United-States, we also observe with much pleasure, a spirit of liberality which is above those national prejudices, not unfrequently to be met with in the more ordinary class of authors. Thus after acknowledging that American literature has been in a great degree derived from Great-Britain, Dr. Beck attributes the little interest which this science has excited on this Continent, to the want of its deserved attention in that country.

We are also indebted to Dr. Beck for the revival of the memory of the late Dr. Stringham of New-York, who was the first that ever delivered a course of lectures on this science before an American audience, at nearly the same period that they were commenced in England; and since that time Medical Jurisprudence has been cultivated with such ardour and success in both countries, as to make it impossible to determine which of the two has more ably contributed to its present improved state.

The first chapter is on *Feigned Diseases*. The Author very judiciously observes that, the police of every well-regulated country should direct its energies against such impostors; for a very severe injury may not only be inflicted on

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ced, that we could not detect them a concealed state of Jurisprudence by unfolding the truth offered to the public. The following diseases have at various times been feigned.

"Alteration of the pulse; altered state of the urine; hæmaturia; incontinence of urine; suppression of urine; maiming and deformity; dropsy and tumours of various kinds; excretion of calculi and various foreign matters; ulcers; hæmoptysis; hæmaturia; jaundice and cachexia; fever; pain in various parts; hæmiplegia and hysteria; diseases of the heart; apoplexy; paralysis; epilepsy; convulsions; catalepsy; nostalgia; near sightedness; phthisis; blindness and deafness, with or without dumbness."

The state of the pulse may be weakened or even rendered imperceptible by a pressure along the course of the artery, but this will be easily detected. In the case of incontinence of urine, Fodéré recommends applying a ligature round the penis, which will thereby become so enlarged as to render its removal necessary in a short time, if it be real, and not when it is feigned. The urine is also altered in its colour by various means. The Indian fig (*cactus opuntia*) and cantharides taken internally, will make it as red as blood. Maiming or deformity can be also ascertained by a careful examination. Artificial dropsy and other tumours, have been produced by inflating the cellular texture under the skin in various parts of the body, thereby giving the appearance of disease; but as the mere existence of a tumour is not a sufficiently conclusive symptom, it will be the duty of the Physician to attend to the other concomittant circumstances. A feigned excretion of calculi will be ascertained by chemical processes. Calculi pretended to have come from the bladder were found in the vagina, and in the pockets of the impostor.

Artificial ulcers may be distinguished by their border being less callous, their surface more superficial, and less painful than real ones; and by their promptly yielding to the use of lukewarm water, and being covered with lint. Cancers have been feigned by the application of a part of spleen, glued on

its smooth side to the skin. A false eruption of petechiae and pustules may be detected by examining the person perfectly naked. All the species of hemorrhage are marked with symptoms which need not be enumerated. Jaundice may also be feigned by a daily use of muriatic acid in small doses, and other means; but it must be recollected that real jaundice is frequently accompanied with vomiting, pain, and sleeplessness, and always with a yellow colour of the adnata. Real cachexia or great weakness, is marked by a loss of appetite, or strength, or swelling of the legs.

Pain is difficult of detection, to a degree that Fodéré himself relates instances in which he has mistaken feigned pain for real and real for feigned. But pain in any one part is generally accompanied with an alteration of some of the natural functions of the part affected. Real pain is also frequently accompanied with want of sleep, of appetite and with some fever. Feigned syncope or hysteria cannot resist the application of sternutatories to the nostrils. In the former it is difficult to dissemble a small, feeble, and languishing pulse, an almost suppressed respiration, cold sweats, coldness of the extremities, and great paleness of the countenance. Persons who have succeeded in moderating, others in increasing, the action of the heart. Apoplexy cannot be long dissembled, and according to Zacchias, will not resist sternutatories, and paralysis a powerful shock from an electric jar may develop the deceit.

Feigned epilepsy is however of common occurrence. In the real disease, the person falls suddenly to the ground, the face is livid, the pupil fixed and does not contract nor relax in the light or in the dark, lips pale, mouth distorted and frothy, and the pulse altered; there is a total loss of feeling and insensibility even to actual cautery, the eyes open without wink and not in the natural manner. A true epileptic is generally ashamed of his situation. Convulsions and catalepsy

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on of petechiæ. A person perfectly healthy, marked with symptoms of jaundice may also be subjected to all doses, and other remedies for jaundice is free from sensibility, resisting all violent and powerful means, and even the operation of scalping; and having in consequence obtained his discharge, he was seen, two days after, carrying a heavy load on his back to his father's house. Extacies and possessions are now considered impossible.

Nostalgia, or *Maladie du pays*, frequently occurs in the military, from an ardent desire of returning home. Though an imaginary disease, it may occasion by its long duration a real disease; and should therefore be attended to. But false myopia, or near-sightedness, which is sometimes induced by wearing convex glasses, may according to Fodéré, be ascertained by presenting an open book, close to the nose, even with the aid of glasses used by near-sighted persons, and the impostor will not be able to read. Artificial ophthalmia arrives at its acme within a few hours after the application of an acrid substance. Feigned blindness is difficult of detection. In amaurosis, a dilated and fixed state of the pupil, does not always attend. Deafness may also be ascertained by a careful examination. The celebrated Sicard discovered the fraud of a pretended deaf and dumb, who said he had been instructed at his school, and who had always escaped the minutest research, on reading a letter written with his own hand. The following is a specimen: "*Je jur de vaudieux ma mer et né en Nau-riche, quhonduit (pour conduit) essepoise (pour espoir) torre (pour tort); ru S. Honoret, j'ai tas present (pour j'étais présent); jean porte en core les marque (pour j'en porte encore les marques)*". This man wrote from sound, while the deaf and dumb write only as they see, and he knew that the sound of the gutturals *q* and *c* was similar.

*Abstinence* has also been used to excite commiseration and charity. A most remarkable instance is that of the well known Ann Moore. In the 31st year of Edward III, a woman, Cicely De Rydgeway, from a record in the tower of London indicted and condemned for the murder of her husband, fasted in prison forty days. The record adds : "Nos eâ de causâ pietate moti ad laudem Dei, et gloriosæ Virginis Mariæ, matris suæ, undè dictum miraculum processit, ut creditur." She was of course pardoned.

The second Chapter treats of *disqualifying diseases*. In all cases where a Physician is consulted as to the fitness of persons serving as jury, witness, or in any other office required by law, or as to the condition of a criminal for hard labour or other severe punishment, he must study the peculiar symptoms and indications with great attention, and, while he leans on the side of mercy, avoid being deceived by feigned representations of imaginary diseases ; for, it is impossible to suggest specific rules, applicable to every instance that may occur. The rest of this chapter chiefly relates to military laws and duties, we therefore refer those of our readers who might wish to devote their attention to that particular object, to the work itself, to the *Code de la conscription*, of Napoléon, or to a report of Dr. S. L. Mitchill, to the Legislature of New-York, in 1819.

From the fourth Chapter we select the following paragraph in the author's own words, which appears to place the long disputed question of *doubtful sex* in its true light.

"It will readily be observed, from the above illustrations, that all the cases of supposed hermaphrodites are referable to the classes now described. They are either males, with some unusual organisation or position of the urinary or digestive organs ; or females with an enlarged clitoris, or prolapsed uterus ; or individuals whom the generative organs have not produced their usual effect in influencing the developement of the body. Thus it is evident

commiseration and that, instead of combining the powers of both sexes, they are for the most part incapable of exerting any sexual function.

III, a woman, Clerk, a tower of London, her husband, fasted. "Nos eâ de causâ virginis Mariæ, mactat, ut creditur." Suffering diseases. It is as to the fitness of any other office requiring physical labour for hard labour. It study the peculiar nature of the disease, and, while he is deceived by feigned innocence, for, it is impossible to detect every instance that is related to military service. Those of our readers who are to that particular of the conscription, of which, to the Legislature, the following paragraphs are to place the law in its true light. Above illustrations, the references to the classical writers with some unusual descriptive organs; or female organs; or individual cases which have produced their usual effects. Thus it is evident

that, instead of combining the powers of both sexes, they are for the most part incapable of exerting any sexual function.

Dr. Andrew Duncan Junr. says: "In the two sexes, there are organs which correspond to each other, and which may be called analogous organs, the penis to the clitoris, the scrotum to the labia, the testes to the ovaria, and the prostate to the uterus; and it further appears, that of these analogous organs, no two were ever found on the same individual. No monster has been described, having both a penis and a clitoris, nor with a testis and ovarium of the same side, we may venture to say, with testes and ovaria, nor one having a prostate and uterus."

We now come to the fifth Chapter, concerning *rape*, and cannot better introduce this subject than by giving the judicious opinion of Sir Mathew Hale, quoted by the author.—"It is an accusation," said he, "easy to be made and harder to be proved, but harder to be defended by the party accused, though innocent." The hymen has been wanting in chaste females, and existing in other cases in the opposite circumstance, practitioners having even been called to perforate it in cases of actual labour.

Hence a great variety of opinion has been entertained by the most distinguished Physicians, but Dr. Beck retains its existence among the signs of virginity, provided it be connected with other physical proofs. The *carunculæ myrtiformes* have sometimes been found in the place of the hymen. Achias says that they are indicative of chastity when red, tumid, and connected together by *cordæ carneæ*; whilst it is the contrary, when they are found pale, flaccid, and their connection destroyed. They are, however, generally considered as the remains of the hymen, "et corruptæ adeo pudicitiae indicia," but disappear after some time.

When a rape has been committed, there will be, besides an absence of the signs of virginity, others indicative of the employment of force, such as contusions on various parts of the extremities and body. Dr. Beck is so far from considering



these as unnecessary, that he believes them compatible with a final consent on the part of the female. One case among many of the same nature, is related, where, in consequence of an inflamed state of the genitals in a young girl, which terminated in death, and who complained of having been much hurt by a young man with whom she had slept, Mr. Ward, Surgeon, then attending the Manchester Infirmary, gave a verdict of murder against the young man. From the subsequent admission into the Infirmary of several youths similarly affected, and in which it was absolutely certain that no injury or violence whatever had been inflicted, M. Ward hastened to rescue from an impending fate, the victim of a scientific error. Capuron has observed similar cases which he ascribes to an epidemic catarrhal affection then prevalent in Paris.

But, as Dr. Duncan says, we must take care not to run into the opposite error, "*for it is extremely improbable that diseases which occur so rarely, should happen to appear in a child to whom violence was offered, unless that violence had some effect in producing it.*" Marks of external injury, however, continues Dr. Beck, are only *corroborating*, and cannot operate as *certain* proofs, except when the age, strength, and state of mind of the respective parties are properly considered. On the question of the possibility of a woman being involuntarily deprived of her chastity, Mahon says: "D'après l'impossibilité presque entière où est un homme seul de forcer une femme,—on doit rarement ajouter foi à l'existence d'un viol; je crois même qu'il serait prudent de ne l'admettre qu'environ lorsque plusieurs hommes armés se sont réunis pour commettre ce crime." Farr is also of opinion that it is impossible for a woman always possesses sufficient power to resist the attempt. Fodéré, Capuron and Brandelius assert the same. Metzger only allows of three cases in which the crime can be consummated: where narcotics have been administered, where many are engaged against the female—and where a strong

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man attacks one who is not arrived at the age of puberty. The following answer of the Medical Faculty of Leipsic is here given, which we believe worthy of being copied :—

“ Si circumstantias quæ in actu coeundi concurrunt, consideratione, non credibile, nec possibile videtur, quod unus masculus nubilem virginem, (excipe impubem, teneram, delicatam, aut simul abstrusam puellam) absque ipsius consensu, permissione, atque voluntate vitare, aut violento modo stuprare possit; dùm scēlæ cuiuslibet facilis est, si velit, penis immissionem recusare, vel multis aliis modis impedire, quam viro eidem invitæ planè intrudent.”

Menstruation has been mistaken for defloration, as well as other appearances of momentary inflammations produced by the introduction of irritating substances or bodies. From this remark of our author, we are led to ask this question with regard to the case to which we alluded at the commencement of this article ; was not the state of the parts as reported by the women, the consequence of the first menstruation? This would seem not to be altogether impossible from the fact of her not having menstruated before the period complained of, and from the assertion on the part of the accuser of the hemorrhage having continued during the three subsequent days.

Here the author gives a sketch of the laws of different nations against rape ; those of England and Scotland make it a felony without benefit of clergy, as well as some of the Provinces of the United States, but in the generality of these and in France, from the Napoléon code, it is punished by imprisonment or fine, or by both. The remainder of this chapter is devoted to some medico-legal questions, connected with this subject. To the question whether the presence of syphilis in the female is a proof in favour or against her accusation, the author remarks that the infection generally taking place not before three days, the examination should be made within that time. We must observe that this is not frequently the case in our climate, as it mostly occurs after 48 and sometimes

36 or even 24 hours, and this might operate as a reason for us to require an examination somewhat sooner. The author denies the possibility of a woman being violated during sleep without her knowledge, except when she is under the influence of powerful narcotics. He also opposes the opinion of Dr Bartley and Farr who maintain that pregnancy following rape is to be considered as a proof of acquiescence, and that in order to ascertain this, the punishment of the criminal should be delayed till the requisite time. In concluding, we give the following opinion of Dr. Beck as one which should always be kept in mind, that, "No man ought to be condemned on medical proof solely. The Physician should only deliver his opinion, for or against an accusation already preferred." We will for the moment pass over the Chapters which treat of Impotence and Sterility, Pregnancy and Delivery, and various others equally interesting, in order to arrive to that concerning *persons found dead*, which, as it includes a variety of useful instructions to the Coroner and the Physician, will therefore occupy our attention in preference; and in our selections, we shall give, as we have hitherto done, the ideas of the author in other words, in order to be more concise; as we shall have little occasion for our own remarks, on any of the subjects the work embraces, and which, as we have already said, are so completely investigated by Dr. Beck, that it would be almost impossible for us to enlarge on any of them. Our regret, on the contrary, is that our limits do not permit us to give them in his own words.

We pass over some minute directions for the dissection of persons found lifeless, and proceed to extract what it most necessary to be attended to, in the examinations of the several accidents and appearances which may tend to the discovery of the circumstances attending a sudden death. The following distinction between *sugillation*, which is a spontaneous effusion of blood, originating from malignant fevers, scurvy, or a

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commencement of putrefaction, and *ecchymosis* the result of violence, deserves notice.

"Sagillation is marked by livid, dark-coloured spots.—Thus, a person hung, an ecchymosis marking the course of a rope, at the neck or on the extremities, is a certain proof that the injury was not been inflicted on a dead body."

"It should also be remembered that blood is sometimes found extravasated in one or more of the large cavities, and is to be considered as a natural appearance, unless we find some of the blood vessels injured."

"Wounds received before death are marked by red, bloody, and separated edges. Those inflicted afterwards are livid, and their edges close to each other. Similar appearances characterise contusions or blows, in which there has been no solution of continuity; and, on dissection, they are, if inflicted on the living, found to be sub-cutaneous wounds: vessels are seen torn and fluids extravasated, and the whole exhibits the marks of tumour, in its elastic and circumscribed shape. Violence to the dead body can only produce livid flaccid spots, unattended with engorgement or tumour. Gangrene also is marked by its being surrounded with a red edge: putrefaction is not, and the spots caused by the latter are of various colours. Dry gangrene cannot take place on the dead body, since there is no heat, or action of vessels to produce it, but the disorganization observed is of a humid nature."

It is here remarked that extravasated blood is sometimes found on the body of persons dying in a state of intoxication, and which may not be the result of violence or blows.

Carbonic acid gas, which is so pernicious to life, may be generated in narrow and unventilated places crowded with people. It arises from burning charcoal, lime-kilns, and cellars, where beer, wine, or other liquors are in a state of fermentation. It is also frequently produced in wells, marble, and mines. The fumes of a candle, according to the



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The numerous signs which are ascribed by authors, as indicating death from drowning, are all equivocal, and according to Dr. Beck, the presence of frothy mucus, is undoubtedly the most important one. No water will be found in the stomach of persons dead before drowning. In the first case, the blood is generally fluid, and particular attention is to be paid to external injuries, and the circumstances attending submersion; and it is to be remembered that every instance is marked with peculiarities which render it impossible to lay down general rules applicable to all cases. The physician, therefore, must be possessed of an accurate knowledge of physiology and pathology, to enable him to give a correct opinion.

"In death by smothering, circumstantial evidence must be the principal, if not the only means of ascertaining whether the event has been produced by crime or accident. Tumours pressing on the organs of respiration, or foreign bodies found in the trachea or oesophagus, are of course indications of accidental death."

In the cases of death from wounds, we find a great number of interesting narrations and trials, as well as valuable instructions to the Surgeon, which are long and do not admit of being given in a smaller compass, than in the author's own words, without proving in a great degree useless. The article on *spontaneous combustions* is also very important, and the number of cases which are related of this extraordinary accident, amounting to eighteen, seem sufficiently authenticated as to leave no very reasonable doubt of the possibility of its taking place, at least in individuals who indulge in hard drinking.

The concluding paragraph in this chapter is on persons dead from hunger; and we copy the following indications of this accident:—

"The body is much emaciated, and a foetid, acrid odour exhales from it, although death may have been recent. The eyes are red



and open. This appearance is uncommon from other causes of death. The tongue and throat are dry, even to aridity, and the stomach and intestines are contracted and empty. This last mark has been repeatedly noticed. Haller dissected the body of a person who destroyed himself by hunger, and found the organs in question entirely empty. Not the least vestige of feces was to be seen in the intestines. The gall-bladder is puffed with bile, and this fluid is found scattered over the stomach and intestines, so as to tinge them extensively. The lungs are withered, but all the other organs are generally in a healthy state. The blood-vessels are usually empty."

Our limits compel us, though reluctantly, to conclude for the moment, the analysis of this highly useful and justly celebrated work, and it is our flattering expectation that what we extract from it, may prove sufficient to convey to our countrymen an idea of its excellence. Let us, therefore, be permitted to indulge the hope, that such a scientific auxiliary and useful companion, may become the constant adviser of the Jurist, as it will prove a safe guide to the Physician who may be called upon to deliver an opinion, on which may depend the honor or even the life of a fellow creature. Dr. Beck's work also possesses another advantage over a number of others of the same nature, as its subjects are particularly applied to the constitutional laws, which, in the criminal department, are generally those of Great-Britain, prevailing in this country.

The former Editions are now entirely consumed, and we understand the author is superintending another, which he will enlarge and illustrate with new and interesting documents. As soon as it is issued from the press, we will make it a duty to give timely notice, that all may have an opportunity of being provided with such a valuable acquisition; and as our present analysis has been limited to a few chapters, we will only resume our labour, when this new Edition is completed.

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*A practical treatise on various diseases of the Abdominal Viscera*, by CHRISTOPHER ROBERT PEMBERTON, M.D., F.R.S. Fellow of the College of Physicians, Physician extraordinary to His Royal Highness the Prince Regent, Physician to His Royal Highness the Duke of Cumberland, and late one of the Physicians to St. George's Hospital.—Fourth Edition, revised and corrected, London. G. & W. Nicol, pp. 201, 1820.

The title of this handsome little volume would alone deserve our attention, if the high credit of its author, as a Professional man, did not sufficiently warrant our notice; but when we come to examine its contents, the comparative extent of the book vanishes under the conviction of its extensive usefulness. In delivering our general opinion of this work, we cannot but recall to mind a reflexion which we took occasion to make sometime ago, when speaking of M. Brodie's treatise, originating in the conviction that the healing art is to a great degree indebted of its present flourishing state, to the taste which our contemporaries have shown for researches in particular and separate subjects. The difficulty of including most of the diseases under the same physiological and theoretical themes, had compelled the ancients to have recourse to principles derived from the philosophical opinions of the day, and in this manner, the science of medicine has inevitably experienced the vicissitudes of ages and the variety of the opinions prevailing in different nations. But in the present century, a new direction has been imparted to genius, which, by obeying its natural propensities, has been directed to investigations which had previously been mere objects of amusement or speculation. Thus the study of Pathology has opened the path to subsequent and repeated discoveries, in the knowledge of diseased organization, and hence again the attention has become directed to their numberless varieties,



thereby giving rise to a classification founded on the nature of these alterations themselves.

The spirit of inquiry resulting from this unrestricted liberty of reasoning, has been directed to the study of particular organs ; but it must be acknowledged that the study of the viscera is yet the least cultivated, if we compare their importance in the organization, the obscurity which envelops a number of the affections to which they are liable, and the consequent difficulties attending their treatment. It is to be hoped, however, that this subject will meet with that consideration to which it is so justly entitled, and in the meantime, we must feel satisfied that the work before us, in which from its minute researches and the illustrative documents which it contains, is a valuable acquisition to the practitioner.

In the preface, the Author announces that his book will be found to contain his own observations and reflexions, and "the reader must not expect to find in this work a regular history of the abdominal diseases as they are recorded by the authors, who have collected the opinions of others, on the ample and important theme." This mode of instruction is not altogether so undeserving as might at first appear, when we consider how advantageous it is for the interest of science that the opinions and experience of observers should stand the test of others engaged in the same pursuits ; but we feel that this exclusion of other writer's opinion may become, in less honorable hands, the cause of idle attempts to draw false conclusions from isolated facts and *ex parte* experiments, besides the necessity which it imposes on the practitioner, residing at a distance from the Metropolis, of collecting a number of works on one subject which might sometimes be comprehended in less voluminous and expensive sizes.

The book which we have perused in the preceding article is a very satisfactory evidence of this truth, as it contains

the information more voluminous. The reader may say that it will be found worthy of attention. Almost every disease, I trust, not fail to be mentioned, which are adequately conceived. It is divided into many diseases, and their symptoms are given in a course, are given, have seldom more than an idea of the view. Did not I have sufficient information, and was to none of the. We now present the first chapter, the author's opinion on idiopathically the negative, the latter course much more frequently recorded, as preference, with puerperal that in the acute or induced by and if this be a superior degree that extends

the information which it would be possible to seek for in other more voluminous works; we sincerley hope, however, the reader may say, with Dr. Pemberton, "that this little volume will be found to contain some remarks, not altogether unworthy of attention, even to the experienced practitioner, upon almost every disorder of the abdominal viscera: and he will, I trust, not fail to discover a vein of enquiry into certain diseases, which others have but slightly recorded, or inadequately conceived."

It is divided into eleven chapters, which comprehend as many diseases of the chylopoëtic viscera. The description of their symptoms, the varieties of the complaints, and their course, are given in a minute but accurate manner which we have seldom met with, and which alone convey as complete an idea of the disease, as if the patient himself was under view. Did not the work possess other merits, these are more than sufficient to render its perusal indispensable to the practitioner, and we fear not to say that in this respect, it is inferior to none of those we have yet had occasion to read.

We now proceed to examine its contents, and on opening the first chapter, which speaks of Peritonitis, we find the author's opinion on the long disputed question, whether this is idiopathically the same as puerperal fever, which he delivers in the negative, considering peritonitis only as a symptom of the latter complaint. His observation, however, that it is much more frequent among women than men, deserves to be recorded, as it may tend to an enquiry on the causes of this preference, which might throw some light on its identity with puerperal fever. Again, Dr. Pemberton has remarked that in the acute form, alvine discharges whether spontaneous or induced by art, do not diminish the pain and tension; and if this be strictly true, it would seem to differ in a superior degree with puerperal fever; as it is now proved that extensive evacuations are so beneficial in this disea-

se, that turpentine itself is at this day freely administered in order to induce them. It need hardly be mentioned that he depends chiefly on bleeding, general and topical, immediately followed by blisters.

It is sufficient to mention the name of Broussais, in justification of our astonishment on beholding the following sentence, "The *Chronic Inflammation* of the Peritonæum, is a disease which, though cursorily introduced by writers, yet has not, as far I know, been hitherto considered in any separate discussion. I the more wonder at this circumstance, since I do not regard it as a complaint of very uncommon occurrence."

The general division of the work is as follows: 1st The Peritonæum, 2nd the liver, 3d the gall-bladder, 4th the pancreas, 5th the spleen, 6th the kidneys, 7th the stomach, 8th the intestines, 9th inflammation of the peritonæal coat of the intestines, 10th inflammation of the mucous membrane of the intestines, 11th disease of the mesenteric glands.

When speaking of the difficulty of discerning inflammation of the liver from that within the chest, the author gives the following direction, which appears extremely plausible:—"That in the former case, a gradual inspiration does not produce cough, although it increases the pain; that the pain is increased by pressure under the margin of the ribs, and that the cough (if it is present) is found to have *succeeded* the pain several days, and not to have *preceded* it, or to have been *coeval* with it, as in Pleurisy."

"Inflammation of the liver may be distinguished from spasm of the gall ducts, by there being no nausea—no profuse sweating—by the pain being permanent—by the pulse being upwards of one hundred in a minute, and by the patient always preferring to keep the body in a straight, quiescent posture; whereas the greatest ease is obtained by bending the body forward on the knees, when there is spasm on the gall ducts."

Dr. Pemberton also remarks that since this treatise was written, his observation leads him to believe that very little practical advantage is to be derived from the nature of the pulse, taken by itself, in acute inflammatory diseases; "for, says he, I have known the pulse remain perfectly unaccelerated, and in every respect natural, in inflammatory disorders of the most alarming magnitude; where venæsection has proved the buffy condition of the blood, and unequivocal relief has justified the operation."

This proposition, in its general sense, is a great truth, and from the opportunities we have had of witnessing this circumstance, we are led to ascribe it rather to a peculiar condition of the system, than to a variety in the disease itself. But it does not appear to us altogether consistent to admit it in all its bearings, for it is also practically true, that an acceleration in the pulse is not a more essential condition of the inflammatory diathesis, than the existence of the buffy coat of the blood can alone justify depletion. On the other hand, we have the authority of Rush himself and the test of experience, for asserting that the state of the pulse which indicates venæsection is altogether independent of its frequency, viz: that peculiar feel of tension in the artery, without which it is doubtful whether bleeding will not prove prejudicial. Medical men are every day called to patients indulging in ardent spirits, who exhibit all the ordinary indications of inflammation, which would seem to urge the necessity of bleeding, and still that operation will prove injurious and sometimes fatal, although the pulse is accelerated, large and full, but not possessing that peculiar condition which we have just noticed; whilst it is needless to say that the buffy coat will frequently be seen in cases which do not call for the use of the lancet: for this evacuation may also afford temporary relief, even in cases where it would appear contra-indicated, or at least useless, more particularly if the strength and constitution of the

patient is such as not to be materially affected by what might prove injurious under more alarming circumstances.

We are unwilling to carry farther our observations on this isolated question, although we should feel inclined to draw the attention of the practitioner to the importance of consulting the state of the pulse, in all cases where an inflammation is suspected to be present; and it will be found that, while other symptoms may by their varieties and anomalies with respect to the nature or the seat of the complaint, create some difficulties in his mind, the pulse will faithfully indicate the condition of the circulating system, which can undergo no deviation from its natural functions that will not be communicated to the arteries.

It may not be unnecessary to add that in the cure of acute hepatitis, the author greatly relies on the use of purgatives even with calomel, which he justly condemns in an alternative form before the symptoms have disappeared. In the chronic affection, and even in incipient schirrus of the Liver, Dr. Pemberton has derived much benefit from the use of a pint of the infusion of *Taraxacum* taken daily, in divided doses. He prepares it, by adding a quart of boiling water to ten fresh plants, root and leaf, straining off the liquor as soon as it is cold. Our author acknowledges that he is acquainted with no symptoms by which an abscess occasioned by hydatids, can be distinguished from one arising from common inflammation.

The *gall-bladder* may, by inflammation, be thickened in its coats, so as to lay the foundation for an incurable jaundice which will then be known, "if the jaundice is intense and permanent, and when the patient suffers little or no pain in the region of the stomach; for the intensity of the jaundice will prove that the liver is itself not interrupted in its natural function; and the patient being free from pain, will prove that the duct is not stopped by a gall-stone. But the jaundice

from spasm, or acute pain at the epigastrium, and retchings in the epigastric region, the right hypochondriac modic twitches

"Though the patient is free from some of the acute suffering, and these paroxysms of relief from pain in the knees. The state of the bowels is constipated."

In the cure of this disease, confidence in the physician is sought to have him persevere, and till that object is attained, a grain of solid opium every hour." He says, "but, as soon as the patient has five grains of opium, a continuation of neutralizing and repeated emetics. When the colic is cured, he directs the Infus: Gallicæ three times a day. The yellowness of the skin remains the same."

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from spasm, or from gall-stones, may be known by a sudden acute pain at the pit of the stomach, attended with nausea, and retchings—and diffusing over the whole of the epigastric region, the right side and the back—with irregular and spasmodic twitches, in various parts of the body."

"Though the patient, during the passage of a gall stone, is never free from some pain, yet it increases, by paroxysms, to a degree of acute suffering, and subsides again into one of comparative ease; and these paroxysms occur several times in an hour. The greatest relief from pain is experienced by bending the body forward upon the knees. The urine is of a dark brown colour, from an admixture of bile; the stools are, from a deficiency of it, clay-coloured. The state of the bowels is very irregular: they are as often relaxed as constipated."

In the cure of this disease, the author seems to place much confidence in opium, and says that, "the quantity of opium ought to have no limit but the absolute abatement of the pain, and till that object is obtained, the patient should take a grain of solid opium, or twenty-five drops of tinct: opii every hour." He is not much inclined to recommend emetics, but, as soon as the pain is relieved, he prescribes "a pill of five grains of calomel, and about four hours afterwards a solution of neutral salts in peppermint water; and these should be repeated every third day till the disease disappears."—When the colour of the stools indicates a removal of the obstruction, he directs two ounces of some slight bitter, such as the Infus: Gentian: comp: or the Infus: Cascarillæ, three times a day. It is also mentioned that a variation in the yellowness of the eyes and skin may occur, while the obstruction remains the same.

What is said in the third chapter concerning the knowledge of the diseases to which the Pancreas is liable, amounts to a positive proof that we know nothing of their existence in the living subject, although the author would attempt to ascer-



tain them, by the absence of other diseases. This negative mode, however, may perhaps prove as ineffectual, as it is for the most part difficult, if not altogether impossible to arrive to that conclusion.

The same obscurity envelopes the affections of the spleen. We must, however, mention the symptoms given by Dr. Pemberton, indicating the indolent swelling, or *engorgement*, of this viscus. These are : difficulty of lying on the right side, complexion of a leaden colour, and very sallow, though without jaundice. It is a very singular circumstance, indeed, that a long continuation of intermittent fevers, especially of quartans, give a tendency in the spleen to swell. On the whole we may acknowledge that the diseases of the spleen are not much better understood than its natural functions.

Among the symptoms enumerated in the sixth chapter indicating a disease of the kidneys, we notice the following "a torbid urine, with a settlement of purulent matter, extremely offensive to the smell and streaked with blood ; also dull pain in the buttock of the side affected, extending down the thigh, and often (though not always) a retraction of the testicles, or a mere soreness," But when a stone is in the ureter, "the pain is more acute, the pulse less frequent, and a sympathetic pain on the skin of the abdomen, midway between the os ilium and navel—whilst in inflammation of the cellular membrane under the psoæ muscles, the pain is increased by rotating the thigh, the flesh becomes wasted, and the nausea attending a disease of the kidneys is wanting. Large stones have sometimes been found without having even been suspected during life."

On noticing the striking occurrence that diseases of the kidneys produce no emaciation, Dr. Pemberton takes an opportunity of suggesting an ingenious distinction between the organs whose diseases occasion a wasting of the body, and

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those in which it is not so; and this is apparently so plausible that we cannot pass it unnoticed.

He proposes to divide the glands of the body, into those which secrete a fluid from the blood, for the use of the body, and those which secrete a fluid to be discharged from it. The former may be termed glands of supply, and the latter, glands of waste. The first are the Liver, the Pancreas, the Mesenteric glands, perhaps the stomach, and the small intestines; the spleen is also included in their number. The second, viz: the glands of waste, are the Kidneys, Breasts, exhalant Arteries, and the large Intestines. In the former class of organs, the diseases are invariably accompanied with a wasting of the body, whilst in the glands of waste, emaciation does not take place. There is both truth and ingenuity in this division, but whether it can be strictly applied to practice, and in that case, how far it might not be extended to a greater number of diseases and of organs, are queries which, in our opinion, deserve investigation. We therefore leave them to more experienced and competent judges.

In the next chapter, the diseases of the stomach are enumerated. "A pain in the stomach," says the author, "not arising from an organic disease of that viscus, does not affect the pulse, for although it may be frequent from irritability of habit, yet it is not more so when the patient is suffering from pain, than when he is without it, and in this case the tongue moist and without fur." Pyrosis or Water Brash he has so frequently observed in Scotland and Ireland, more commonly among women than men, and, attributes it to the use of potatoes, "because," says he, "their living chiefly upon potatoes, seems to be the only peculiarity in their mode of life." But he does not believe it arises from the use of ardent spirits; he is, on the contrary, led to consider that drunkards are less liable to it than others. Dr. Pemberton adopts the opinion of Dr. Rollo, respecting the affinity and resemblance



of pyrosis with diabetes. In the treatment, he places great reliance on Opium combined with Kino in pills. Alum, and Rhubarb are also prescribed, but emetics are reprobated.

The other species of pain in the stomach, which the author attributes to the muscular fibres of the stomach partaking of the general irritability of all other muscular parts in an irritable habit, also deserves great attention. "In this complaint, the pain is most felt when the stomach is full—the tongue, towards the root, is covered with white mucus—the food will remain down perhaps half an hour (or more) before any uneasy sensations are produced. The pain continually increases till the food is returned again, very little changed by the operation of digestion. The disease is also attended with sympathetic headache, and seems more particularly to attack chlorotic women, and hypochondriacal men. It may be distinguished from that pain which is produced by a stricture of the Cardia, by the pain not being perceived *instantly* the food is swallowed—by the seat of the pain not being confined to one spot, (both of which circumstances attend a stricture of the Cardia)—and by there having existed a constitutional derangement *previous* to the stomach affection, whereas in stricture of the cardia the constitution is *subsequently* affected." The medicine which is here prescribed is an ounce and a half three times a day of the *Mistura ferri composita*. The author adds that he has known the recurrence of the pain prevented, by the taking of a tea spoonful of brandy before each meal, although fermented liquors should in general be avoided.

There is also another state of disease of the stomach which, as it has never been properly described, we cannot pass unnoted. It is represented by Dr. Pemberton to be a vomiting, in consequence of nausea unattended by pain. "It attacks the patient in paroxysms, after considerable intervals of perfect health, and what is thrown up is usually small

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quantity, and often sour : there is also frequently a sensation  
at the root of the tongue, and sometimes through the whole  
length of the œsophagus, which constitutes what is called  
Heart-burn. There are eructations, and usually great head-  
ache, and the pain is often confined to the ball of one eye.—  
The tongue is moist and white ; the pulse natural, and there  
is no thirst. A predisposition to it appears hereditary, and  
its returns are much influenced by the imagination." In order  
to remove the paroxysm, the author prescribes an emetic or  
a purge ; but to prevent its recurrence, the patient is directed  
to abstain from hot soups, animal broths, fish, the fat of  
meat, milk and all fermented liquors. On the contrary, he  
is advised plain meats in moderation, with dressed vegeta-  
bles, exercise to a degree as to occasion some perspiration,  
and Seidlitz water as an evacuant. In that species of heart-  
burn caused by the formation of an acid in the stomach, there-  
by giving rise to a sensation of heat about the cardia, and of  
rawness along the internal surface of the œsophagus, our au-  
thor recommends five drops of the nitric acid every three or  
four hours in cold water ; and when the disease is checked,  
this is to be diminished to three, two, and at length one drop  
every three or four hours.

We now proceed to some organic diseases of the stomach,  
which, although well understood, are still beyond our means  
of cure, and therefore worthy of our most serious attention.  
The first is a stricture of the cardia, which, according to Dr.  
Pemberton, is indicated by a peculiar sensation on any at-  
tempt to swallow solid food "This is a sort of tensive cir-  
cumscribed sensation about the pit of the stomach, striking  
through to the back, producing a feeling of incipient suffo-  
cation. This continues till the food is rejected, which is done  
by an effort more resembling hiccup than vomiting." A  
stricture of the pylorus, says the author, may be confounded  
with that state of stomach attending chlorotic women ; but

in this latter case, a constitutional derangement has preceded the stomach affection, whilst in the former, it is the reverse, and the food having passed to the stomach without pain, in stricture of the cardia, is thrown up by vomiting, and not by that peculiar effort above mentioned.

The author knows of no symptom indicating a schirrhous of the stomach, but when it is formed into an open cancer "there is generally an eructation of very fœtid air, and also vomiting of dark coloured mucus, which is also very offensive. The pain is constant, though varying in degree, and increased by taking any acrid substance, and not by taking mild fluids such as milk, &c." In the treatment he relies chiefly on milk diet, and on cicuta and calomel, the latter not to a degree to affect the system.

The last accident mentioned in this chapter is the vomiting in old people. This malady does not proceed from any known cause, and is to be relieved by salts, opium and spare regimen. A total abstinence from every thing for six or eight hours, has sometimes restored the patient.

With respect to the diseases of the intestines which are the subject of the eighth chapter, we find nothing particular where the author speaks of cholera-morbus; but in Dysentery, which he does not consider by any means infectious, he directs purgatives, untill the complete evacuation of the secretions, and when the griping pain has in some degree subsided, he has obtained the greatest relief from twelve drops of Balsamum Copaibæ, every four or six hours, with cinnamon water and the yoke of an egg. "A constant pain round the navel, with a retraction of the integuments towards the spleen; a costiveness, an absence of fever, an accelerated pulse, and a preference to a bent position, will distinguish colica pictonum from any other disease of the abdomen." The author considering the costiveness as spasmodic, recommends opium as a cathartic, with salts or castor oil, or if no fluid

gement has preceded, it is the reverse, it is the reverse of each without pain, by vomiting, and indicating a schirrhous into an open cancer, and also a fetid air, and also which is also very offensive in degree, and is not by taking the treatment he relies on, calomel, the latter not

chapter is the vomiting, not proceed from any salts, opium and every thing for the patient. intestines which are the thing particular when ; but in Dysentery, as infectious, he discharges the secretion of the secretions, some degree subsided, from twelve drops of opium, with cinnamon, constant pain round the abdomen towards the spleen, an accelerated pulse will distinguish colic from the abdomen." The author, however, recommends, if no fluid

be taken, with calomel in the form of pills. "The oily matter, or half an ounce of neutral salts, should be taken every morning, in broth containing a large proportion of fat, as prescribed by De Haen." Dr. Pemberton has succeeded in curing a paralysis of the wrist, the consequence of this affection, by supporting the arm with a splint made under the arm, to the extremities of the fingers, the hand being laid flat upon it ; and a cure was effected by him in four or six weeks, the splint being kept night and day.—He acknowledges, however, that this trial in cases of paralysis not proceeding from the absorption of lead, has not succeeded.

Our Author dwells somewhat at length on the distinction between the *Febris infantum remittens*, the seat of which he allows to be in the intestines, and Hydrocephalus. In the former, he very judiciously insists on the propriety of administering full purgative doses, if the costiveness is obstinate ; although he fears that by producing a great discharge, the intestines may become distended with air, and thereby occasion a fatal Tympanitis. In a case of this kind, which occurred lately in our practice, we gave half an ounce of turpentine, after the failure of the strongest cathartics, and the child, being about five years of age, speedily recovered, and is now doing perfectly well. We must, however, add as an uncommon occurrence, that during the convalescence of this child, large abscesses broke out, on the forehead, behind the neck, under the chin, along the spine and the extremities, all at the same time, and of about the size of an egg.

In the inflammation of the peritonæal coat of the intestines, our author recommends, besides general bleeding, the application of cupping on the abdomen, but particularly opposite to the cæcum, and purgatives are to be continued during the whole progress of the disease. He also directs, when the disease runs on to the sixth, seventh, or eighth day, without a

sensible abatement of the symptoms, the throwing up the rectum the smoke of tobacco, or its infusion in the proportion of one drachm of tobacco to ten ounces of boiling water, for an enema, which may be repeated every six or eight hours.

An inflammation of the mucous membrane of the intestine is marked by the pain being "confined to some one part of the abdomen, and not acute though constant, and by the absence of tension of the abdomen. The pulse is about 112 a minute, and the bowels are costive.—This inflammation generally terminates by a throwing out of coagulable lymph which may be discovered in the evacuations, resembling shreds of boiled macaroni, and which announce that the patient will soon recover. But if the evacuations are particularly offensive and appear curdled, with here and there specks of blood; and especially if these continue for any length of time, there will be good reason to apprehend, that the inflammation has terminated in ulceration. The disease, in this state, is extremely dangerous; though a steady adherence to a milk diet will frequently restore the patient, when it is assisted by small doses of some astringent bitter, such as the Decoctum Cinchonæ, or a weak infusion of the Cortex Granatorum.—When ulceration appears to be low down in the rectum, an injection of the expressed juice of carrots has appeared to remove the offensive smell of the fæces, and to give the ulcer a tendency to heal."

The concluding chapter is devoted to the disease of the mesenteric glands called by the French (*le Carreau*). The symptoms of this afflicting malady, and the means of distinguishing it from others with which it has a resemblance, are ably and accurately described. But the conclusion amounts to a corroboration of this painful truth, that it is like many others, an incurable disease.

In parting with this excellent work, we must again express our conviction, that, in a practical point of view, it will

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be found one of the most useful books of reference to the practitioner ; and although it is only devoted to a limited number of diseases, yet the importance of those to which Dr. Pemberton has directed his researches, as well as the limited means of cure which we possess against many of them, it is yet entitled to rank among the most valuable productions in the science of Medicine ; and we do not hesitate to say that it will contribute in no little degree, to maintain the exalted Professional reputation and eminence which its distinguished author deservedly enjoys in the opinion of his contemporaries both at home and abroad.

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## QUARTERLY RETROSPECT

OF IMPROVEMENTS IN MEDICAL SCIENCE.

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*The Canadian Review and Magazine.*

*Geological and Mineralogical characters of the "Black Rock of Cape Diamond."*—The rock of Cape Diamond, commonly called the "Black Rock," has been sometimes denominated a Limestone. With the view to expose its claims to that distinction, we shall give, to the best of our ability, its Geological and Mineralogical characters. The Strata, as they lie naturally and artificially exposed, on the northern shore of the St. Lawrence, between Cape Rouge and Sillery Cove, are of that variety of argillaceous schist, called Grey Wacke, associated, in conformable order, with that finer variety denominated Clay Slate or Argillite. The dip of the Strata is to the S. E., at about an angle of 35°, its consequent bearing N. E. and S. W., with a slight inclination of its upper edge below the horizon, towards the N. E. It is probably owing to this inclination, that the Grey Wacke is lost before it reaches Quebec by descending below the level of the St. Lawrence: indeed the last of it is seen at Sillery Cove, very near that level, and five miles from Quebec. Here the Clay Slate, which has been running in parallel strata at the back of the Grey Wacke, is alone visible. It forms a low ridge, but continues to rise towards Quebec with the interruption of a valley or two, until at Cape Diamond it forms a precipice about 320 feet above



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level of the river. All this distance, it preserves much the same dip and bearing as the Grey Wacke, with which, in some places on the opposite shore, it may be seen alternating. Although no Geological difference, thus far, appears between the Clay Slate at Sillery Cove and the "Black Rock" at Cape Diamond, a very evident chemical one exists. At the latter place the rock has become often of a stooty blackness—exhaling a bituminous odor when struck or scratched, and sometimes soiling the fingers. The cause of this is the presence of Carbon, which has been found in the rock in the proportion of 20 per cent. There appears also to be a difference in the effect of weather, or other destructive agents. On the Clay Slate, between Sillery Cove and Cape Diamond, they exert their influence by covering the base of the rock with a crumbling deposit of small wedge shaped fragments, sometimes highly ferruginous. At Cape Diamond they act by displaying a continuous schistose structure of little tenuity parallel with the plane of stratification. The general bearing of the "Black Rock," is to the N. E. However, in some places the strata may be seen running North, the dip being reversed to the N. W. In some cases the strata are vextual, or nearly so. All this may be occasioned by the bending or waving of the strata. The thickness of the strata varies from three feet to three inches. The former are often, to all appearance of a very compact structure, breaking with conchoidal surfaces and sharp edges. In most of these, however, weather effects what the hammer fails of doing, and displays its really schistose structure. It is on account of this, and its absorbent character, that the "Black Rock" is not a good building stone.—The thin strata are generally very schistose, apparent to the eye. They are sometimes compact and break into long prismatic pieces, which yield a ringing, metallic, sound when struck: these separate the thicker strata at certain intervals



and often determine the planes of stratification when they might otherwise be doubtful, from the resemblance which the whitened and even surfaces of the natural joints sometimes bear to them. The latter are never continuous—and another useful test.

Among the peculiar appearances common to the "Black Rock," and displayed by fracture, is a ribbed aspect: another is a glossy convexity, a surface resembling polished shoe leather. The effect of weather is also sometimes remarkable. In most cases it exhibits the schistose nature of the rock; in others more compact, it shows a rounded and whitened surface forming a striking contrast with its sooty interior. While again in others, by the rounding of successive laminae a series of concentric irregular ovals are formed, much resembling the grain of fir; and when the surface is browned or reddened, a singular imitation of wood is produced.

In excavating, strata are met with, the colour of which is a lively green: these have, for the most part, undergone a considerable degree of induration and resemble flint in fracture, translucency, hardness and effect of the blowpipe (quartz siliceous schist?) spheroidal concretionary lumps of the same and of a dark grey variety, are common,

Some of the strata are decidedly more calcareous than others: and two instances of an unquestionable Limestone have met our observation. The first is fetid and somewhat Crystalline: the other compact. Both are situated on the same plateau, and bordering on the local and conformable conglomerate, which characterizes the precipice to the N. W. of the town. The last mentioned stone is of an excellent quality, and dissolves in acid almost totally, with violent effervescence, and burns to a white caustic lime. Unfortunately for the inhabitants of Quebec, who procure their lime at Beauport, a distance of five miles, on the other side of St. Charles, it does not preserve these characters for

considerable distance, but is destroyed by abrupt fracture of its veins observed

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ification when the considerable distance, but becoming suddenly impure, it is resemblance which is best by abruptly dipping under the "Black Rock" in the direction of its bearing. The fragment of one solitary bivalve is continuous—and was observed in it.

The minerals found in the "Black Rock" are

1st. Iron as an oxide and as a sulphuret: the former, in its state of solution, often bestows a red or yellow stain on the surface of the rock. The latter is not so common and is generally found with a soft greenish variety of the rock.

2nd. Quartz sometimes in fine acicular crystals of considerable transparency, as are also others approaching the form of the double pyramid, applied base to base more frequently in ill formed semi-transparent prisms. They vary in size from drusy, to crystals as large as the thumb. The latter are never transparent throughout; and often appear in the progress of formation.

3rd. Calcareous Spar, in white and brown acicular crystals, finer than spun glass, radiating from a white calcareous base, often enclosing ill formed crystals of quartz; also in perfect rhombs. But its most common appearance is in veins of a laminar structure, traversing the rock in all directions; these in some places become so numerous as to give the rock the aspect of a conglomerate; they often traverse each other, and in this case, one vein appears to have dislodged that portion of the other it met with in its progress.\*

4th. Petroleum, in soft translucent pieces of a green and yellow colour, sometimes surrounding the soot, more rarely insinuating itself into the interior, of a crystal of quartz.

5th. Coal-dust or soot, often investing the surface of quartz. Crystals, in drusy cavities.

\* The same thing has been observed of veins of granite in gneiss—the former is owing to the infiltration of calcareous spar, through the agency of water, into fractures of the rock across older veins of that mineral. The latter does not probably admit of any satisfactory explanation.

6th. Fluor Spar. As far as we can learn, this is by no means common. One specimen of an imperfect crystal we have met with. Its colour is a deep purple, so intense as to render the crystal scarcely transparent. Its form is that of half a curve divided diagonally. It was found associated with calx spar in a crevice of the "Black Rock."

The earthly minerals above named, occur for the most part, in crevices and small fissures in the rock.

Of two specimens of rock, one procured from Wolf's Cove between Sillery Cove and Cape Diamond—the other from Cape Diamond, the following is a comparative mineralogical description.

*Wolf's Cove.*—Colour, dark ash grey, opaque—structure compact, fracture uneven, somewhat conchoidal with sharp edges—easily scratched by the knife—receives a trace from copper—colour of powder, reddish—streak dull light grey. Sp. Gr. 2,57. Moderate effervescence in acid with or without being powdered, which soon subsides, leaving considerable sediment. Before the blow-pipe it forms a yellowish or brownish enamel; the part furthest from the flame is whitened.

*Cape Diamond.*—Colour brownish black—opaque—structure compact fracture uneven conchoidal, with sharp edges—easily scratched by the knife, but not quite so easily as the foregoing—colour of powder, reddish ash grey—streak reddish grey—exhales the bituminous odor when struck—effect in acid and the same as the last, with the addition of the solution being discoloured. Sp. gr. 2,54. Effect of the blowpipe precisely the same as in the last instance.

Such is a very imperfect sketch of the Geological associations and Mineralogical characters of the "Black Rock" of Cape Diamond; from which it appears to be an argillite and not a L. stone. The only characters it possesses in common with any of the varieties of the latter, are a slight effervescence

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ference in acid, and its bituminous odor. But as the clay, plates, sand stones, and shells, in this neighbourhood, possess one or both of these characters, as they often do elsewhere, they are liable to be confounded with the L. stones, if the "Black Rock" be considered one.

A. B.

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*London Medical and Physical Journal.*

*Case of small pox after inoculation with small pox.*—A case of small pox occurring after small pox from inoculation is reported by Mr. Richards. It appeared to have been modified and materially influenced by the previous inoculation.

*Effect of Ergot.*—It will be recollected that in our second No. cases were published by Drs. Morrin & Painchaud of this city, as also a valuable communication from Dr. Taché of St. Thomas, illustrative of the efficacy of *ergot* in promoting uterine action. We have the pleasure to announce similar successful results in three cases published by Mr. Clark, Surgeon, Bristol. In other publications, we observe that this remedy has also been given in uterine hemorrhage with a decided benefit, as was suggested by Dr. Taché some time since.

*Wound of the abdomen.*—Mr. Wm. Dix, of Northamptonshire, was called to a young man who had received from the horn of a bull, a wound of the abdomen of about three inches length. Nearly three feet of intestines protruded, with a laceration of the mesentery and omentum. He was called twenty minutes after the accident, returned the protruded intestines, and kept the wound closed by means of a suture and sticking plaster. The patient recovered in less than a fortnight.

*Ossification of the uterus.*—In a lady 69 years of age who had died of a strangulated hernia, Mr. Fowkes found a large spherical mass of bone, of the size of a pullets egg imbedded in the uterus, behind the triangular cavity; part of the substance of the uterus being distinctly to be traced over its upper part.

*Uterine Hemorrhage cured by transfusion.*—We mentioned in our last the case of a young woman into whom Dr. Blundell had injected *four ounces* of blood with success, and we have the pleasure to announce a second successful trial in a similar case which occurred to Dr. Doubleday, who injected *fourteen ounces* of blood taken from the husband's arm. The operation was performed in the same manner as that of Dr. Blundell, and the recovery was also speedy and complete. The subject in this case was much stouter and of a larger size than the other, which may account for the greater quantity of blood required. Two equally successful cases are also related by C. Waller, Esq.

*Comparison of Indian and European Skulls.*—Dr. Patterson, of Culcutta, from a comparison of numerous skulls of Indians with those of Europeans, has deduced that the height of the former is to that of the latter race as two to three. He is otherwise, that the head of an European fifteen years of age is of the same size as the head of an Indian thirty years of age.

*Experiments on Poisoning.*—M. Segalas communicated to the Academy of Medicine the result of some experiments made by him, tending to prove that poisons rather produce their effects through the medium of the vessels than of the nerves. The following is the result of his researches :—

1st. Having cut the spinal marrow of an animal, so as to render it paralytic, and having placed some alcoholic extract of nux vomica in the paralysed parts, he perceived that tetanus came on just as quickly and powerfully as if the nervous system had been entire.

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2d. Having, on the contrary, left the spinal marrow un-  
ouched, but prevented the blood which returned from the  
part where the poison had been lodged, from being carried to  
the heart, he observed that the poisoning did not take place.

3d. Tetanus appeared to come on equally quickly when he  
jected the poison into the bronchiæ, although the eighth  
pair of nerves were divided.

4th. The nux vomica placed in the thigh of an animal ren-  
dered paralytic by the division of the spinal marrow, produ-  
ed tetanus not only in the trunk and upper extremities, but  
also in the paralysed parts.

5th. The same result takes place in whatever part the poi-  
son has been placed; only the contraction of the paralysed  
muscles is slower, and seems only to occur in proportion as  
the blood conveys the poisonous matter to the nerves which  
animate them.

6th. Having injected the poison into the crural artery of a  
paraplegic animal, its effects were manifested in the like man-  
ner: the convulsions commenced in the thighs, and only  
became general after the lapse of time judged to be necessary  
for the conveyance of the poison to the spinal marrow.

M. Segalas concludes from his experiments, that the vo-  
luntary muscles can contract themselves, in certain cases, in-  
dependently of the action of the spino-cerebral system.

In these experiments, M. Segalas has often designedly  
made the division of the spinal marrow at different points, but  
most commonly on a level with the last vertebræ of the neck,  
or the first of the lumbar vertebræ; and this has produced  
no modification of the phenomena.

*Re-union of a Nose, which had been completely separated.*—  
The following abstract of an instance in point we take from  
one of the best German Journals of the day :—

An unfortunate tailor, by the name of Gruzlewski, seated  
himself in a window, one wing of which he had opened. A



sudden and violent gust of wind shut it with considerable force, and a part of the glass which was broken carried off a great portion of the man's nose. The separated piece was about the length of a finger, and the whole breadth of the nose. It fell from the second story of the house into the street. The circumstance occurred about seven o'clock in the evening. A surgeon was immediately sent for, and he was satisfied with merely applying a plaster. Another surgeon, however, was consulted two hours after the accident. He sought for the nose with a candle in the street, and placed it in its natural situation. In a few days it had united, and regained its warmth and sensibility. The only mark of the accident which remains perceptible is a small, narrow, red scar.

It is observed, that the magistrates would testify the truth of this relation, if it were considered necessary.

A similar case is also recorded in the same Journal, in which complete union took place, where the nose had been entirely separated. (*Journal der Chirurgie und Augen-Heilkunde*, von GRAFE und WALTHER; band 7, heft 4.)

For much interesting information upon the subject of re-union of divided parts, we refer our readers to a publication of WIESMANN, "*De Coalitu partium a reliquo Corpore prorsus disjunctarum.*"

*Gangrena Senilis.*—DUFUYTREN recommends the application of leeches in this form of complaint. By their frequent application, he cured an old woman, of sixty years of age, in the Hotel Dieu. The usual sedative, antispasmodic, tonic and antiseptic means, had been tried in vain. The authority of this eminent surgeon is doubtless to be received with much attention; yet we may be allowed to doubt, not from any abstract opinions upon the subject, but from attentive observation, whether there are many cases of true *gangrena senilis* to which we can venture upon debilitating means of any kind.

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*New Monthly Gazette of Health.*

*Cure for Epilepsy*—Dr. CHESOLM, of Canturberry, has cured several cases of Epilepsy, some of which were of many years standing, by the following method: he orders the tartar emetic ointment to be rubbed on the upper part of the arm, the bowels to be freely opened by croton seed oil every second morning, and a pill composed of one eighth of a grain of lunar caustic with three grains of the extract of hemlock, to be taken twice a day.

*Cure for Croup*.—Dr. HUFELAND, of Prussia, recommends the vomiting treatment, with a mixture of Antimonial wine, ipecacuan, and oxymel of squills, continued until a membranous substance, and afterwards a tough phlegm are thrown up.

*Leeches*.—A very interesting article on the use of leeches, and their judicious employment in the various cases and constitutions, is given by the Editor, the practical utility of which would warrant our inserting it at full length, did not our limits preclude it. We will therefore present its prominent features. A leech will draw about its own weight of blood, and the same proportion will ooze out of the opening after its removal, provided warm fomentations be continued for some time after. Thus a leech weighing two drachms will draw about two drachms of blood, and the quantity which will escape afterwards will be very little more than that quantity. Thus the quantity to be taken may be ascertained by the weight of the animal itself. The blood taken up by the leech itself seems to be venous, whilst that which escapes after its removal is arterial. This is essential to be known particularly in typhus fever where the loss of arterial blood may be detrimental, whilst the venous may be abstracted with benefit. It is also desirable to know the quantity of blood which may be taken from the body of a child or of a weak person.

*Mercurial Ointment.*—M. Hernandez has communicated to the Society of Pharmacy of Paris, a new mode of making the mercurial ointment. It consists in heating the mortar in which the ointment is to be made so as to liquify the lard. As the lard cools, the quicksilver becomes divided or incorporated, during the trituration. By this plan, much time and labour are saved; an addition of a few drops of turpentine, which evaporates during the trituration, greatly accelerates the division of the quicksilver.

*Laudanum.*—It appears, by the verdict of a coroner's inquest, that two infants, aged only a few months, were poisoned by the dose of seven drops of laudanum. In many irritative complaints of infants, particularly during teething, laudanum is unquestionably a most valuable medicine; but in such cases, practitioners seldom order a greater quantity than a drop for a dose, and generally only half a drop. The basis of Godfrey's cordial being laudanum, its indiscriminate use has no doubt destroyed the lives of many thousand children. Of late years, this quack medicine has nearly fallen into disuse.

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*Edingburg Medical and Surgical Journal.*

*Case of Recovery from Rupture of the Uterus.*—By Lewis FRANK, Physician and Counsellor to the Dutchess of Parma. (*Annali Universali di Medicina, Febr. 1825.*)—A woman, 44 years old, in her sixth pregnancy, was taken with labour pains at the usual time. While standing, with the assistance of the midwife, she was suddenly seized with faintness and vomiting; and while her husband and the midwife were assisting her into her bed, she complained of a sense of tearing in the belly, and a feeling as if there were two fetuses. The

belly soon began to swell, and the breathing was oppressed. Called to see her, after consulting the child by touch, made on the abdomen, no pulsation could be felt, and the fluids were extracted. The child expired. For several days, it was exposed to a state of putrid tumour of the chest. Three days after it was brought forth.

Edin.

*Protrusion*

states, that a few children, inflicted with this disease in length, were introduced into St. Thomas's Hospital. The greater part of the children, after the introduction, were cradled and supported by a particular method. They were placed in two places, one in a cradle and the other in a cradle coat; the head of a child was supported by a quantity of material, and irregularities were corrected around the snout.

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belly soon began to swell, the vomiting recurred frequently,  
and the breathing became interrupted. Professor Rossi being  
called to see her, recognised a rupture of the uterus, and af-  
ter consulting with some of his friends, proceeded to extract  
the child by the operation of gastrotomy. The incision was  
made on the left side of the hypogastrium where the feet  
could be felt, and in no long time the fœtus and secundites  
were extracted. The child gave some signs of life, but soon  
expired. Forty days after the operation, the woman was res-  
tored to a state of perfect health, except that she had a her-  
nial tumour of the size of a large apple in the seat of the inci-  
sion. Three years afterwards she became again pregnant, and  
brought forth a seven-month's fœtus, which lived fourteen  
days.

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*Edinburgh Journal of the Medical Sciences.*

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*Uterus.*—By Lewis  
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*Protrusion and Wound of the Stomach.*—Mr. TRAVERS re-  
lates, that a female, aged 53, and the mother of *nineteen* chil-  
dren, inflicted on herself a wound in the abdomen, three in-  
ches in length, and in a transverse direction. When admit-  
ted into St. Thomas' Hospital, at the expiration of six hours,  
the greater part of the large curvature of the stomach, the  
arch of the colon, and the entire large omentum, were pro-  
truded and strangulated in the wound. The omentum was  
partially detached from the stomach, which organ was wound-  
ed in two places; one, half an inch long through the perito-  
neal coat; the other, a perforation of all the coats, admitting  
the head of a large probe, and giving issue to a considerable  
quantity of mucus. Patient faint; pain slight; pulse 102,  
and irregular; some hiccup. A silk ligature was placed  
round the small puncture in the stomach, and the displaced

viscera returned, after enlarging the external wound. This last was closed by the quill suture. Warm fomentations, and abstinence from food and drink enjoined. 2nd day, some reaction; had been sick in the night from some drink given; is free from pain; pulse 120; pain on pressure: an enema ordered. *Evening*, a dose of castor oil, and twenty leeches to the abdomen. 3d, much fever; V. S.  $\bar{x}xviij.$  and 20 leeches to the abdomen; bowels not opened. 4th day, two stools; pulse 98; tension of the abdomen; three more stools during the day. 5th, sutures removed; wound united, except at its right extremity, where a serous fluid is discharged in considerable quantities. On the 6th day, was allowed food, and on the 23d of Dec. about two months after the accident, was discharged cured.

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*The New-York Medical and Physical Journal.*

**Dr. FOUNTAIN on Headache and Tic Douloureux.**—Many people, especially sanguineous and delicate females with flushed countenances, are occasionally affected in the afternoon with pain in the head, which increases until they have slept a sufficient length of time, when they awake free from distress, and in good health. This continues uninterrupted until mid-day, when the same action commences, and runs the same course. This affection, which is truly periodical, arises unquestionably from an increased action of the capillaries of the brain, and consequently would be aggravated by stimuli or irritants.

The nervous, or periodical headache of authors, however, is quite the reverse of this. It affects the feeble and nervous with emaciated habits and pale countenances. It commences early in the morning, sometimes a few minutes after a-

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 m fomentations, and  
 2nd day, some re-  
 m some drink given;  
 pressure: an enema  
 and twenty leeches  
 7. S. 3xviiij. and 20  
 ened. 4th day, two  
 en; three more stools  
 wound united, ex-  
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 h day, was allowed  
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ysical Journal.

*Douloureux.*—Many  
 delicate females with  
 fected in the afternoon  
 until they have slept  
 awake free from dis-  
 es uninterrupted un-  
 mences, and runs the  
 ruly periodical, ari-  
 tion of the capillaries  
 be aggravated by sti-

of authors, however,  
 e feeble and nervous  
 ances. It commen-  
 few minutes after a-

waking, and continues until just after mid-day, when it be-  
 gins to decline, and in the evening ceases entirely. It arises,  
 most probably, from a perturbed state of the faculties of the  
 brain, favoured by debility both cerebral and vascular. That  
 pure debility or atony will not produce this affection, is evi-  
 dent from the fact, that excessive hæmorrhages and other di-  
 rectly depletory means, how far soever they may be carried,  
 will not of necessity induce the disease.

*Cure.*—The indication of cure in nervous irritative diseases  
 in general, that of elevating vascular action, will not always  
 overcome the morbid process constituting this disease; al-  
 though it frequently will, especially when supported by to-  
 nics, effect that end. This affection more readily admits of  
 relief from counter-irritants, inducing a new action in the  
 parts concerned capable of maintaining its ascendancy. For  
 this purpose no article possesses half the efficacy of *arsenic*.  
 This herculean agent, administered in doses of one fourth or  
 one half a grain twice in twenty four hours, with the interpo-  
 sition of a laxative every 4th or 5th day, will seldom, I may  
 venture to say almost never, disappoint the practitioner.

*Of Tic Douloureux.*—The extreme remoteness of the affec-  
 tion from the centre of circulation, must render blood-letting  
 either nugatory or utterly abortive, and purging promises but  
 little more; but emetics give a general impulse to every liv-  
 ing fibre, break old associated habits, give mobility to new  
 laws, increasing the action of the veins and lymphatics, and  
 yet diminishing that of the arteries. They indeed seem to  
 debilitate, but the debility they induce approaches the nature  
 of a languor, readily admitting relief from the action of to-  
 nics to whose remediate powers they give a degree of conge-  
 niality and facility of operation otherwise unattainable. They  
 should not only precede a tonic course, but should be fre-  
 quently interposed during its continuance.

Having cleared the way by an emetic, our next step is to



restore the action of the digestive organs, and through their instrumentality, the vigour of the whole system. This object is most effectually accomplished by chalybeates, especially the carbonas ferri, employed so successfully by Drs. Hutchinson, Ritchmond, and Carter, as reported in the London Journals. This article, so celebrated, admits however of auxiliary means: a careful attention to diet, bitter infusions, exercise in the open air, change of scene, in short every measure calculated to invigorate the digestive powers.

*Contributions on Medical Jurisprudence*, by T. R. BECK, M. D. This article contains an elaborate investigation of two cases of murder which lately took place in New-York. The first is for the murder of Mr. Lambert, who was knocked down dead by a blow in the stomach. On examining the body, Dr. Post found on the internal surface of the stomach some small red spots of a stellated form, apparently effusions of blood proceeding from some of the smaller vessels, and extending in different directions. It was contended that this might be a case of sudden death, as there were no other traces of something like morbid appearance, but those spots just mentioned. Drs. Post, Stevens and Chessman, being asked whether, if these appearances had been found in a case of sudden death, without any knowledge of the attendant circumstances, they would necessarily attribute them to an act of external violence, answered in the negative. "Circumstantial evidence must guide—but it was strongly intimated by several, that the marks could *hardly be produced* without some act of violence, and the idea would hence suggest itself. Dr. Stevens did not suppose that the same marks could be produced by a fall, for in such case, the muscles are in some degree contracted and ready to receive the blow." Verdict: *Manslaughter*.

Dr. Beck, whose work we have perused with so much satisfaction at the beginning of this number, and whose au-

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authority, therefore, must stand very high in the Medico-Juri-  
cal science, here remarks, that the inference pretended to  
be drawn in this case, from the absence of some positive de-  
angement equivalent to a common cause of death, is unte-  
nable ; for it is well known that very slight injuries in the  
region of the stomach will frequently prove fatal, without  
leaving the slightest symptom of injury. Sir Astley Cooper  
and other equally eminent Surgeons relate similar instances.

*Malformation of the urinary and genital organs.* Dr. CHAR-  
LES DRAKE, Physician to the New-York State Prison, relates  
the following extraordinary malformation observed on a pri-  
soner named Robinson. *Description.* The first part that at-  
tracted attention in this remarkable malformation was a  
fleshy mass, situated over the region of the symphysis pubis.  
It was not unlike, in its general appearance, to the adhering  
surface of a placenta, and, at the time of the patient's death,  
measured in circumference at its base, nine inches and three  
fourths ; its highest elevation was about an inch. The ure-  
ters having first crossed each other, terminated rather below  
the centre of this tumour and about half an inch apart. The  
urine, continually dribbling from these openings, kept the  
surrounding parts of the tumour in an abraded and inflamed  
state. The vasa deferentia terminated with patulous mouths  
at the lower verge of the fleshy mass, where the sulcus, re-  
presenting the urethra, commences. These openings were as  
near together as in the natural state of these organs, and had  
between them a narrow granular elevation, which might be  
considered a crista galli. From the rami of the ischia pro-  
ceeded the crura cavernosa penis, on which were directly  
placed, half an inch below the openings of the vasa deferen-  
tia, a glans of ordinary size and form. This glans was placed  
inverted, with its lower part uppermost, possessing an ample  
fold of skin below it—the vestige of a prepuce, but devoid of  
any trace of frenum, and the upper part of the parietes of the

urethra deficient, so as to constitute the urethra a mere sulcus, which extended between the risings of the crura up to the verge of the fleshy mass before described. Directly beneath this urethral sulcus, extending back beyond it, lay the prostate gland. A short distance below the openings of the vasa deferentia, in the sulcus, were three or four minute foramina—these were thought to be the excretory ducts of the prostate. Between the peritoneum and the inner surface of the os pubis, where this bone joins its fellow to form the symphysis, lay on each side a yellow condensed cellular substance, resembling, in some degree, in structure, the vesiculae seminales, the rudiments of which bodies I have no doubt they were. The vasa deferentia passed under them, and might have communicated with them, but the parts were so altered and condensed by previous attacks of inflammation that I despaired of tracing the connexion.

The testicles were large and apparently well formed, the scrotum without raphæ, and the anus situated more anterior than under ordinary circumstances. In each groin where the spermatic cord passes over the brim of the pelvis, there was a fulness and projection which gave the appearance of hernia, but which, on examination, proved to arise from the unnatural size of the angles of the ossa pubis, which, instead of forming the symphysis, terminated at this place, leaving a space between the two bones of nearly four inches. As the body exhibited no trace of an umbilicus, the first object on opening into the abdominal cavity was, to ascertain how the fœtus had been nourished in utero. The round ligament was found passing from the fissure of the liver, between the peritoneum and the abdominal parietes, directly into the fleshy mass. From which it appears probable, that the fœtus had not possessed a funis, but had been attached to the uterus by means of this substance, which, in its general aspect, as has been before observed, was not unlike the adhering surface of a placenta.

The kidneys took their usual position, and pointed out a bladder. The structure of the bladder was every respect like that of the structure of the bladder, presenting a tubular structure and purulent contents, thickened and inflamed. The inflammation was also cartilaginous. The ureters were small and desiderated. Malformation of the bladder, which the superior part of the bladder, at the neck of the bladder, whilst the ascending part of the bladder was by Dr. Arncliffe. Dr. Arncliffe. We have been informed by some of our countrymen, and we thus take notice of the whence it was made public. In this instance, however, this publication is not we cannot be situated by such a Medical Journal. No are truly remarkable because they

urethra a mere salivary duct, and the crura up to the point of its termination. Directly beyond it, lay the openings of the salivary ducts, or four minute foramina. The inner surface of the crura was covered by a thin layer of cellular substance, the vesicular structure, the vesicularities I have no doubt, were under them, and the parts were not free of inflammation. The parts were not so well formed, the crura were more anteriorly situated, each groin where the crura of the pelvis, there was no appearance of hernia, but it arose from the union of the crura, which, instead of being in this place, leaving a space of four inches. As the crura, the first object was to ascertain how the round ligament was situated, between the peritoneum, directly into the flesh, so that the foetus had been attached to the uterus, and the adhering surface

The kidneys were in their natural situation, and the ureters took their usual course across the pelvis, terminating as usual above, without the intervention of any sac or bladder. The left kidney and ureter appeared to be healthy in every respect. Not so those of the right side: the natural structure of the kidney was almost entirely obliterated, presenting a tuberculous appearance, with internal ulcerations and purulent deposits. The surrounding parts were greatly thickened and altered in texture, showing the traces of former inflammations. The ureter of this side quite to its termination, was also much diseased, its coats thickened and of a cartilaginous firmness. Robinson acknowledged that his venereal desires had remained through life undiminished.

*Malformation of the œsophagus and trachea.*—A case in which the superior portion of the œsophagus terminated in a cul-de-sac, at about one inch and a half from the pharynx, whilst the ascending portion terminated in the trachea, is related by Dr. A. F. HOLMES, as having occurred in the practice of Dr. ARNOLDI, both of Montreal.

We have been led to notice this case, both from its coming from some of our countrymen, and from its containing an uncommon species of malformation; and as we cannot suppose that the reporters would altogether dread the eye of their countrymen, as it is given in a plain and intelligible language, we thus take the liberty of bringing it back to the place from whence it came, and where it should have been first made public. Whether the conduct of these Gentlemen in this instance, has been intended as a sort of *bravade* offered to this publication or its supporters, we are totally unaware; but we cannot be made to believe that they could have been actuated by such motives, when it is considered that the *Quebec Medical Journal* is honored with the support of all those who are truly respectable and enlightened in the country, and because they would then prove at variance with all the

friends of science, and the most respectable and learned part of the Profession in their own city. On the contrary, it appears probable, and no consideration can prevent our conviction, that they had in view to pay a merited homage to the talents and learning which are displayed in the New-York Medical and Physical Journal, by courting a place among the correspondents of that eminent publication, or at least that it has been unintentional on their part.

We cannot, however, allow the opportunity to pass, without giving a friendly advice to these gentlemen, and to some of the younger part of the Profession, which is, never to forget that new and authentic cases have become so rare of our days, that they seem to require something more than an ordinary notice, to entitle them to public confidence, more particularly when they come from a foreign country, or from any considerable distance. They should not therefore, go so far from home, that their veracity may be questioned, or otherwise exposed to ridicule. A very striking example of this truth can be found in a case related by Dr. Otto, of Copenhagen; and although his character as a Physician, stands high in the Profession, yet his veracity has been called in question by some with regard to the extraction of 273 needles from the body.

We do not intend to give the same interpretation to Dr. Arnoldi's case; on the contrary, we have some pleasure in declaring our conviction, that there appears no reasonable ground for suspecting, we do not say his veracity, but the correctness and accuracy of detail. We are still more happy in having the opportunity of proving our strict adherence to the pledge we made, of devoting our undertaking to the interest of the Medical Profession in this country, and to the protection of its members. This duty, we hope, shall never fail to be exercised with impartiality to individuals, and justice to the interest of science. We expect to meet the co-operation of the enlightened class of our countrymen in this particular.

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*The North American Medical and Surgical Journal.*

**Lunar Caustic on Wounds and Ulcers.**—The practice of healing wounds and ulcers by natural or artificial scabs, to which the attention of the profession was first directed by Mr. J. HUNTER, has been too much neglected, and the circumstances under which it is useful, have not been accurately stated. In a small work published by Mr. HIGGINBOTTOM, in January last, at London, the practice of forming an *eschar* by the lunar caustic over small ulcers and recent wounds, has been strongly recommended as saving the patient much pain, trouble, and danger. The whole surface is to be pencilled with the solid caustic so as to form an *eschar*, and where this remains *adherent*, the wound or ulcer invariably heals with comparatively little inconvenience. When effusion occurs under the *eschar*, whether of serum or of pus, there is more difficulty; but if this fluid be evacuated by a puncture, and the caustic applied to the orifice, the *eschar* will often remain adherent. Sometimes the fluid must be frequently evacuated. If the *eschar* does not separate favourably, a cold poultice may be applied, which not only removes the *eschar*, but lessens the irritation and inflammation. Should the sore not be healed, Mr. H. recommends the reapplication of the caustic. To prevent effusion under the *eschar*, and to preserve it adhering, he advises the whole to be covered with a piece of gold-beater's skin; but we may add, that as this effusion arises from too much inflammation, more powerful means may occasionally be employed, especially a solution of acetate of lead. LARREY recommends with the same view, after the application of moxa, the use of the *aq. ammoniæ*. Indeed any evaporating, cold, astringent lotion will be advantageous.

The application of the caustic, of course, produces some pain, but this soon subsides, and the patient experiences more ease than under any other mode of treatment.



**Fistula Lachrymalis.**—At the session of the Royal Academy, on the 15th of December, Mr. J. CLOQUET related the case of a female, who, three years previously, had submitted to the operation for fistul. lachrym. according to the method of M. Fournier. The canula which had been allowed to remain in the nasal canal, had ulcerated through the floor of the nose, and presented its inferior extremity on the inside of the mouth.

A practical commentary on this mode of operating, which is still recommended by able surgeons !

**Presence of Mercury in Samples of medicinal Prussic Acid.** Mr. REGIMBEAU, apothecary at Montpellier, has detected this impurity in some prussic acid, prepared in Paris. Its presence was first suspected, from a portion of the acid, accidentally dropped, leaving a white stain on the copper dish of a balance. It is probable, that the impure acid, spoken of, had been made by passing sulphuretted hydrogen through a solution of cyanide of mercury, according to VAUQUELIN's process ; and that an insufficiency of the decomposing gas had been employed.

May not this accidental impurity explain the occasional salivating effects of prussic acid.

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#### *Boston Medical Intelligencer.*

**The Cure for Worms.**—As considerable excitement has been created in several sections of the Union, from the publication made in this paper of the 13th ult. relative to the important discovery made by Mr. AARON HANNUM, for the expulsion of worms, and in consequence of which we have been solicited to give more particulars through the medium

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of the above letter as well as by public journals, we shall en-  
deavour to satisfy the public excitement not only from verbal  
information, but from ocular demonstration, as to the power-  
ful efficacy of the Cedar Apple upon those within our know-  
ledge who have taken it, as well as the impossibility of its  
doing any injury to those who may eat the apple.

1st.—The Apple or Knot is to be found upon the *red cedar*,  
the white cedar tree is not to be found, we believe in this  
country.

2nd.—The apple bears no resemblance in shape, size, or  
any similarity, to the Cedar berry. The apple is a sort of  
excrescence, and which is to be found at all seasons of the  
year, on the small boughs or twigs of the cedar tree, "va-  
rying in size from the hazel to that of the black walnut,"  
bearing a strong resemblance to a nitted potatoe. The apple  
which is of last year's growth, and perfectly dried, does not  
look like the orchard apple, and is not so bitter as those of  
this year's growth, but as a medicine, they possess the same  
virtue as those that are green, and can be grated or pounded  
fine, and taken in molasses.

3d.—The apple, which contains some moisture, can be eaten  
like any other fruit. The quantity Mr. H. recommends, just as  
they come from the tree, is one for every year that the child  
is old, and to be taken nine mornings in succession, fasting.

From our own experience of the efficacy of the cedar apple,  
we should say that a much less quantity would do. However,  
the apple is perfectly innocent, and any quantity may be  
eaten without being attended with any bad effects. To prove  
that a small portion will answer, we will cite a case. A lad  
13 years of age, belonging to this office, eat a piece of last  
year's apple about the size of a *pea*, and in 24 hours after-  
wards, no less than *twenty-four worms* were expelled—and  
another case in the neighbourhood, of a child 17 months old,  
who eat about half an apple, and one hundred were expelled.

and we are happy to say, that in no instance have we heard as yet, that the remedy has failed in having the desired effect.

*Uterine Hæmorrhage.*—M. GONDRET, in a letter addressed to the Editor of the *Gazette de Santé*, states a simple method, which he has employed successfully, for arresting uterine hæmorrhage. He applies on the back, between the shoulders, a dry oxal cupping glass, the vertical diameter of which is four or five inches, and the transverse diameter from two to three inches. He lets it remain for half an hour; in general the hæmorrhage stops, or is very considerably diminished in the space of a few minutes. The application of cupping glasses, he observes, has also been found successful in diminishing immoderate menstrual discharge.\*

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*Journal Universel.*

*Coqueluche.*—M. CAYENNE déduit les conclusions suivantes pour ce qui regarde le traitement de cette maladie. 1. Que dans les tempéramens sanguins, elle exige les saignées et un régime débilitant. 2. Que la même chose doit s'observer dans tous les tempéramens, lorsque la maladie est chronique. 3. Que les antispasmodiques conviennent aux tempéramens nerveux. 4. Mais que la saignée et les débilitans doivent être rejetés pour les tempéramens lymphatiques; et cette vérité s'applique plus particulièrement à l'enfance, parce que la lymphe domine sur la partie rouge du sang, et que les fluides sont moins épais que chez l'adulte, Cependant l'auteur recommande la saignée modérée, quand il y a métastase inflammatoire sur quelque viscère.

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\* The application of a large cupping glass to the breast, with a view of checking the menstrual discharge, is recommended in one of the Aphorisms of Hippocrates.

*Archives Générales.*

*Dothineria. Pustules des petits intestins.*—Ce nom vient d'être donné à une maladie dont M. BRETONNEAU, de Tours, et après lui, SERRES, BROUSSAIS, ANDRAL et autres personnages distingués, nous ont donné une description satisfaisante, et qui consiste dans des pustules qui se trouvent ordinairement à l'extrémité inférieure de l'ileum. Suivant eux, cette maladie est aussi commune et aussi destructive que la petite-vérole, la rougeole ou la scarlatine ; il y a même peu de personnes qui n'en aient été atteintes durant leur vie ; ils soutiennent que cette maladie paraît contagieuse, mais qu'elle n'attaque qu'une fois dans la vie. Elle paraît avoir son siège dans les glandes de PEYER et de BRUNNER, dont Haller nous a donné une description dans son traité de Physiologie.

Nous nous abstenons d'entrer dans de plus longs détails pour le moment ; mais nous y reviendrons aussitôt que nous aurons appris le résultat d'une discussion qui a maintenant lieu à Paris sur ce sujet, et dans laquelle des médecins du plus grand mérite sont engagés.

*Huile extraite de l'Euphorbia Lathyris.*—A une séance de l'Académie Royale de Médecine, M. Bally a lu un mémoire contenant le résultat de plusieurs expériences cliniques, faites à l'Hôpital de la Pitié, sur l'effet de ce remède. Celle dont il a fait usage, et qui paraît avoir en effet plus d'activité que les autres préparations, était extraite par expression et au moyen de l'alcool. Administrée à quinze individus de différents âges, elle n'a pas produit d'effets bien variés, outre qu'elle n'a pas paru être un purgatif bien actif. Au contraire, il considère que l'huile de pignon d'Inde (*croton tiglium*) lui est préférable sous ce dernier rapport, sans parler de l'effet qu'elle a d'exciter le vomissement, vu qu'il faut en donner six ou dix gouttes pour qu'elle ait un effet purgatif. Cepen-

dant, comme elle ne provoque pas la salivation, M. Bally préfère sous ce rapport au pignon d'Inde, surtout quand elle est fraîche, comme un purgatif utile pour les enfans.

*Calculs urinaires guéris par le sous-carbonate de Soude.*

M. ROBIQUET a présenté à la même Académie un mémoire dans lequel il rapporte qu'il a guéri d'un calcul composé d'acide urique, une personne âgée de 74 ans, au moyen du sous-carbonate de soude, à la dose de 10 grains dans le cours de la journée ; et au bout d'un mois il retira le noyau d'un calcul dont les couches extérieures paraissaient avoir été dissoutes ou usées.

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*Bulletin Médical.*

*Division angulaire de l'Aorte.*—M. ZAGORSKI de St. Petersburg, a trouvé en 1802, l'arche de l'aorte divisée en deux branches pour admettre la trachée entre elles, et se rejoignant aussitôt en un seul tronc, en sorte que la trachée se trouvait complètement embrassée. La compression qui a dû s'exercer durant la vie sur la trachée, a sans doute produit une difficulté de respirer. En 1808, on découvrit que la sous-clavière droite prenait son origine à la gauche de la crosse de l'aorte, et passait derrière la trachée qui se trouvait alors comprise entre ces deux artères. Les Français ont donné à l'artère innominée, le nom de brachio-cephalic, qui renferme l'idée de son office et de sa distribution.

*Distribution contre-nature des artères.*—MM. BAILLIE, LANGSTAFF, et FARRE, ont chacun vu un cas, et M. TIEDEMANN, dans son Journal de Physiologie, en rapporte un quatrième, où l'aorte et l'artère pulmonaire, ont changé de place. Dans ce dernier cas, les deux circulations étaient bien distinctes ; le sang du corps passant des veines caves dans

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oreillette droite, ensuite dans le ventricule droit, et de là  
l'aorte pour se répandre dans tout le corps; tandis que  
sang pulmonaire ne parcourait qu'un petit espace, car  
être passé par les veines pulmonaires dans l'oreillette  
gauche, et de là dans le ventricule gauche, il retournait dans  
artère pulmonaire. Les seules communications que Mr.  
NEUMANN ait aperçues entre les deux circulations étaient  
le *foramen ovale*, le *ductus arteriosus*, et probablement  
une anastomose entre les branches des artères pulmonaires et  
bronchiales.

L'enfant n'offrit aucune apparence particulière avant le neu-  
vième jour; mais à cette époque il fut saisi de suffocations,  
avec une couleur bleue noirâtre de la peau, et mourut le dou-  
zième jour.

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### *Le Propagateur des Sciences Médicales.*

*Digitale*.—Le Dr. NEUMANN de Berlin donne ce qui sult  
comme le résultat de ses observations sur l'emploi de la digi-  
tale dans les maladies des poumons. Elle est inutile lorsque  
les poumons sont en suppuration, à la suite de tubercules, ou  
une hémoptysie inflammatoire, ainsi que dans les *phleg-*  
*orrhagiæ* locales de ce viscère; mais elle guérit presque  
toujours ces catarrhes chroniques qui résultent d'un état d'é-  
thisme de la muqueuse qui tapisse les bronches. Cette ma-  
ladie a été aussi nommée bronchitis chronique, consommation  
muqueuse, catarrhe pulmonaire, ou ce que les Anglais appellent  
*halloping consumption*. Lorsque le diagnostic dans cette af-  
fection est bien établi, on peut toujours espérer une guérison,  
pourvu que les conditions suivantes se trouvent réunies :

1<sup>re</sup>. Le malade doit être susceptible de l'action stimulante  
du remède, quoique cela ne se rencontre pas toujours. La



digitale ne sera non plus d'aucun service, si après en avoir fait usage pendant quelques jours, le poulx demeure toujours uniforme et fréquent ; alors le remède ne convient pas.

2e. Il faut bien s'assurer que les feuilles, quoique sèches soient entièrement vertes, sans aucune apparence de taches brunes. On en fait infuser deux onces, dans six onces d'eau bouillante. Le malade prendra une cuillérée à table de cette infusion, toutes les heures, jusqu'à ce qu'il éprouve des nausées, ou un resserrement dans la gorge, un étincellement dans les yeux, ou une irrégularité du poulx. Alors on discontinue le remède pendant sept ou huit jours, et durant ce intervalle, il développe toute son action, le poulx devenant irrégulier, et la sécretion muqueuse diminuant par degrés. Si la première tentative ne réussit pas entièrement, on peut essayer de nouveau après quelques jours.

*Opération pour le Phymosis.*—M. T. CLOQUET a perfectionné cette opération, de manière à ne laisser aucune difformité. Il recommande de faire l'incision à la surface inférieure, près du, et parallèle au, frænum præputii. L'incision longitudinale ainsi faite, devient transverse, aussitôt que le prépuce est ramené derrière le gland, et la cicatrice s'opère dans une ligne à peine visible ; en sorte que le prépuce acquiert ainsi en largeur ce qu'il a perdu en longueur. M. CLOQUET a guéri par ce moyen un grand nombre de personnes, sans que le prépuce ait paru dévier en rien de sa conformation naturelle.

*Rétention d'Urine, causée par une Stricture de l'Urètre.*—

M. AMUSSAT raconte le cas suivant : Un homme âgé de 70 ans, d'une constitution pléthorique, avait eu, 30 ans auparavant, trois attaques de gonorrhée, et depuis ce tems avait éprouvé une difficulté considérable à décharger ses urines dont il ne pouvait rejeter qu'une ou deux onces à la fois. A huit p.m. il essaya d'uriner, mais en vain. Il éprouvait de grandes douleurs. Le poulx était agité, le visage coloré ; le

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ne convient pas.  
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tricture de l'Urètre.—  
Un homme âgé de 70  
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depuis ce tems avait  
écharger ses urines  
eux onces à la fois.  
vain. Il éprouvait de  
le visage coloré ; le

ventre enflé et globuleux à sa partie inférieure ; les veines  
sous-cutanées abdominales distendues ; et un demi priaspis-  
me. Les efforts pour uriner étaient douloureux et infruc-  
tueux. Le jour suivant à 10 heures A. M. M. AMUSSAT passa  
une bougie, qui s'arrêta près de la bulbe de l'urètre, et ame-  
na un peu de sang. Les urines étaient retenues depuis 14  
heures, quoiqu'il eût coutume de les faire 12 ou 16 fois par  
jour. L'obstruction était telle qu'il ne restait plus d'autre  
alternative à employer, que l'introduction forcée du cathètre,  
ou la ponction de la vessie. M. AMUSSAT eut recours au pro-  
cédé suivant, qui réussit complètement. Il injecta avec for-  
ce, mais par degrés, dans l'urètre, de l'eau chaude, qui, en  
dilatant l'orifice de la stricture, repoussa les mucosités é-  
paissies qui l'obstruaient. Aussitôt que le liquide injecté eut  
atteint l'urine, le malade s'écria qu'il était guéri, et en effet  
ses urines revinrent comme auparavant. A deux reprises, il  
rendit près de deux chopines d'urine épaissie. La rétention  
n'a pas eu lieu depuis, et le malade continue en bonne santé.  
Cette manière, si l'expérience la confirme, est la plus avan-  
tageuse que l'on puisse désirer.

*Opération pour une oblitération de l'urètre.*—Un homme  
âgé de 27 ans, fut, le 16 Juin, 1815, blessé par une balle  
qui divisa l'urètre à sa partie moyenne, sans intéresser les  
corps caverneux. A mesure que la blessure guérissait, l'urètre  
s'oblitérait tellement, qu'en May 1819, le malade ne pouvait  
uriner que guttatim, avec douleur et difficulté, et il était  
menacé d'une inflammation du périnée. Les bougies ne  
donnant aucun soulagement, M. VANIER de Cherbourg,  
pratiqua une incision dans la direction de l'urètre, sur toute  
l'étendue de la cicatrice, de manière qu'une sonde pouvait  
être conduite tout le long du canal. Il ramena les lèvres de  
la plaie par dessus la sonde, et vers le cinquième jour les bords  
étaient réunis et cicatrisés. On enleva alors la sonde, et on  
introduisit à sa place une bougie qui s'étendait seulement au

delà de la cicatrice, et que le malade portait par intervalles. La guérison fut si parfaite que trois ans après, il pouvait uriner aussi facilement qu'avant sa blessure.

*Anéorisme faux consécutif, guéri par la méthode de Vol-salva.*—Nous allons rapporter ce cas tout au long afin de donner surtout à nos lecteurs Canadiens, une idée parfaite de cette méthode que les modernes ont perfectionnée. L'exemple que nous allons citer est presque tout à fait semblable à celui dont parle Sabatier dans son traité de Médecine opératoire, qu'il dit avoir guéri par le même moyen.

Mademoiselle Antouard, âgée de 18 ans, jouissant d'une bonne santé, reçut, le 18 Juin 1825, un coup de poignard, qui intéressa la carotide gauche, au dessous de l'extrémité supérieure du sternum, l'instrument ayant été dirigé en dedans et en bas. Le sang se répandit aussitôt en abondance dans le tissu cellulaire de la partie latérale et antérieure du cou, et la défaillance eut lieu sur le champ. Le quatrième jour après, cette masse de sang était presque entièrement absorbée, mais une tumeur anévrysmale se fit appercevoir au bord du sternum. Le Dr. SOUCHIER vit la malade un mois après l'accident, et la tumeur était de la grosseur des deux poings de la Demoiselle. Les pulsations étaient presque égales dans toute son étendue, mais surtout vis-à-vis l'orifice de l'artère. La tumeur ne causait point d'autre douleur que celle qui résultait de son poids, ce qui donnait lieu à un mal de tête continuel.

Le Dr. SOUCHIER ne trouvant pas prudent d'avoir recouru à une opération vu la chaleur de la saison, et sur une tumeur située aussi profondément sous le sternum, se détermina à mettre en pratique les principes suivans : 1. Diminuer la masse du sang, et par là son action stimulante sur le cœur, qui, perdant ainsi de sa force projectile, ralentirait aussi la rapidité avec laquelle le sang s'échappait par l'ouverture de l'artère, et imprimait aux parois de la tumeur une secousse

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qui mettait obstacle à la coagulation du sang. 2. Secondement, l'effet des saignées générales et locales, par l'usage du *froid*, de la *pression*, et surtout de la *digitale* ; et la force de la circulation étant ainsi diminuée, on peut obtenir une coagulation du sang, et peut-être une guérison complète.

Mademoiselle Antouard se soumit de bon gré à ce traitement, et il lui fut prescrit, 1. de l'eau de riz, acidulé avec le jus de citron, et une infusion de mauve pour tout *breuvage* et *nourriture*. 2. Des frictions sur l'abdomen et le dedans des cuisses, soir et matin, avec huit grains de feuilles de digitale, réduites en poudre, et préalablement macérées pendant 24 heures dans une suffisante quantité de salive. 3. L'application de 12 sangsues tous les jours, près de la tumeur ; et après avoir favorisé l'issue du sang occasionnée par leurs piqûres au moyen de fomentations émollientes, il était enjoint de couvrir la tumeur avec des compresses imbibées d'une solution froide de sucre de saturne, renouvelée souvent, de manière qu'elle fût toujours d'une température plus froide que la peau elle-même. 4. D'augmenter la pression sur la tumeur avec le fond d'un gobelet (tumbler), assujetti par les mains d'un assistant. 5. Enfin un repos et un silence absolu.

Aout, 2, 1825, *quatrième jour du traitement*. Les pulsations de la tumeur sont plus centrales ; la tumeur elle-même sensiblement diminuée ; le pouls moins fort et réduit de 86 à 4 par minute ; les menstrues, qui avaient été supprimées depuis deux mois, sont reparues le 31 du mois dernier, et continuent encore. Prescription : saignée 3xviiij — le lendemain, 2 sangsues sur les parties latérales de la tumeur ; Digitale 4 grs. en trois frictions pour la journée. Continue ut supra.

Aout, 8. La malade est tranquille ; le pouls à 60, plein, vigoureux ; visage décoloré, mais conservant une légère teinte rouge ; mal de tête diminué ; point de nausées ; les

menstrues ont cessé le 6. Prescription : saignée 3xij. quinze sangsues demain ; la digitale augmentée pour tous les jours suivans à xxvij grs. La tumeur diminuée d'un quart. Continue ut suprâ.

Aout, 12. Le volume de la tumeur réduit aux 3-5 ; le pouls 56 ; nuits tranquilles ; un peu de mal de tête, et d'estomac ; la malade se plaint de la faim et de faiblesse, ainsi que de la fatigue de ses assistans : ce qui oblige d'avoir recours à un bandage pour exercer la compression, malgré que ce moyen ne soit pas aussi efficace qu'avec la main ; mais on accorde cette faveur, vu que les pulsations sont diminuées, et deviennent de plus en plus centrales, tandis que l'élévation de la tumeur est elle-même peu considérable. De crainte d'altérer trop sa santé, on lui permet de se lever un peu de son lit, et d'ajouter à sa diète ordinaire un peu de crème de riz bien léguère. Prescription : saignée 3x tous les deux jours, et huit sangsues autour de la tumeur ; la digitale est portée à 32 grains par jour ; bain de pied pendant une heure, matin et soir ; silence absolu.

Aout, 18. La tumeur n'est plus visible ; les pulsations pendant un peu sensibles ; la peau est épaissie ; le pouls 56. Prescription : saignée 3vij. six sangsues tous les quatre jours jusqu'au retour des menstrues ; la digitale réduite à xx grains, mais appliquée comme auparavant ; la compression est continuée ; on permet un peu de gelée de riz, une soupe à la vanille, et un léger exercice ; on persévère dans le silence des bains de pied, et on permet un clystère pour diminuer la constipation.

Le Dr. SOUCHIER revit sa malade 15 jours après. Il fait appeler une main habile pour découvrir en quel endroit l'artère est cicatrisée, vu qu'on n'y pouvait appercevoir qu'une petite élévation au dessus du reste de l'artère. Le pouls est à 48 ; la faim est extrême, et les remèdes sont devenus désagréables. On en suspendit quelques-uns, et on permit à la malade qu'elle

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*Naissance.*  
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n : saignée 3xij. — Les fruits et le blanc d'un poulet, de plus que sa diète ordinaire. La digitale est réduite à 12 grains par jour ; la compression, le silence, et l'exercice modéré sont prescrits ; les menstrues ont reparu au bout de 20 jours, et en plus grande abondance que la première fois.

Au bout d'un mois, on ne pouvait découvrir aucune trace de la tumeur. La jeune Demoiselle prit par degrés un peu plus de nourriture et d'exercice, sans éprouver d'inconvénient, et on cessa enfin tous les remèdes. Dans les mois de décembre et Janvier dernier, elle n'éprouvait aucun malaise de la part de la tumeur, et l'union des parois de l'artère fut regardée comme complète. Le Dr. SOUCHIER, propose de publier ses commentaires sur ce cas important.

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*Revue Médicale.*

*Naissance.*—D'après les registres de Paris pour 1825, Mr. DUGES publie le tableau suivant des naissances dans cette ville. Sur 37, 441 accouchemens, il y en a eu 36,992 d'un seul enfant ; 444 de deux, et 5 de trois.

*Des sexes.*—Entre cinquante quatre cas de jumeaux, pris au hasard, cinq ont donné un garçon et une fille ; treize, deux filles ; vingt-six, deux garçons. Ce dernier nombre, qui est la moitié du tout, paraît être la proportion ordinaire. Dans deux cas de trois enfans, M. La Chapelle a vu dans l'un, trois filles, et dans l'autre deux filles et un garçon.

*Poids et volume.*—Les jumeaux sont en général plus petits que les enfans uniques, mais rarement plus gros que ceux qui viennent par trois ; en sorte que dans les deux premiers cas, le poid total diffère peu.

*Dispositions des enveloppes.*—Quelquefois les jumeaux sont contenus dans une seule enveloppe membraneuse, et nagent



dans les mêmes eaux, mais ces circonstances arrivent très rarement. Madame La Chapelle, célèbre accoucheuse, assure qu'elle n'en a jamais vu ainsi ; au contraire, soit qu'il y eût deux ou trois enfans, elle a toujours observé que chacun était contenu dans un sac séparé par l'union des deux chorions et des deux amnios. Quelquefois il n'y a qu'un chorion pour les deux fœtus, malgré que M. Duges avoue n'avoir jamais vu cette disposition. Le placenta est le plus souvent unique, de moins dans trois cas contre deux. Quoiqu'il en soit, on rencontre une variété infinie dans cette espèce de réunion, depuis le simple contact jusqu'à l'union la plus parfaite, sans que la ligne de séparation soit même visible ; en sorte que les vaisseaux de l'un s'anastomosent quelquefois avec ceux de l'autre. Quand cette anastomose existe, ce n'est jamais au moyen des vaisseaux capillaires, mais par les gros vaisseaux, tels que ceux qui se ramifient sur la surface intérieure du placenta ; car on observe que dans le même placenta, les capillaires d'un colylédon ne communiquent pas avec ceux de l'autre.

*Rhumatisme guéri par le camphre en fumigation.*—M. Dupuy rapporte plusieurs guérisons de rhumatisme, au moyen du camphre en fumigation. Il place le malade dans une chaise et le recouvre jusqu'au cou d'une couverture, tandis qu'il fait brûler du camphre sur une platine placée au dessous du malade, en jetant une petite cuillerée de camphre tous les cinq minutes, jusqu'à ce qu'il en soit consommé une demi-once. Cette épreuve dure environ une heure ; le malade est remis au lit et continue de transpirer pendant quelques heures. La fumigation peut être renouvelée plusieurs fois le jour suivant l'urgence du cas. Dans un cas de rhumatisme à l'épaule, le même Monsieur a réussi à opérer une guérison, en faisant porter sous l'aisselle un petit sac rempli de camphre.

*Rhumatisme du cœur guéri par l'Acupuncture.*—M. Pons gros dans un cas de cette nature, introduisit trois aiguilles successivement, entre la cinquième et la sixième côte, vers le

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*Acupuncture.*—M. Pe-  
roduisit trois aiguilles  
sixième côte, vers le

cartilage de cette dernière. La première était lon-  
gue de 13 lignes, et aussitôt après son introduction, qui fut sans  
douleur, la malade étendit les bras, qu'elle contracta ensuite,  
et enfin tomba dans une sorte de délire, dont elle s'éveilla com-  
me d'un songe au bout de dix minutes ; mais la douleur conti-  
nuant, on introduisit au même endroit une seconde aiguille lon-  
gue de 15 lignes, et enfin une de 18. M. Pegros ne doute pas  
que celle-ci n'ait pénétré le péricarde et atteint le cœur même.  
La malade fut guérie.

*Cancers guéris par les Antiphlogistiques.*—Dans la vue de  
donner une idée de cette nouvelle manière de guérir le cancer,  
nous rapportons ici un cas consigné dans le Journal ci-dessus,  
pour Février 1826, et traité par M. Lisfranc, à l'Hopital de la  
Pitié.

La malade était âgée de 36 ans, d'un tempérament vigou-  
reux, et avait souffert l'ablation d'un cancer au sein, 18  
mois avant son entrée à l'Hopital, le 10 Octobre 1825. La  
partie avait les apparences suivantes : sur toute l'étendue de  
la cicatrice, on sentait un grand nombre de ganglions engor-  
gés, et une induration le long des muscles pectoraux, grand  
et petit, qui s'étendait de la clavicule à toutes les parties ex-  
ternes et supérieures du thorax, jusqu'au pli de l'aisselle, où  
on apercevait un certain nombre de ganglions. La surface  
de la cicatrice était élevée d'environ un demi-pouce au dessus  
du niveau de la poitrine. La malade éprouvait à de courts in-  
tervalles, des douleurs vives et lancinantes, qui se renouvel-  
laient sans cause apparente, et devenaient plus sévère au  
moindre attouchement de la tumeur.

On employa des saignées de bras fréquentes et abondantes,  
les sangsues appliquées sur la tumeur, ainsi qu'à la partie su-  
périeure et intérieure des cuisses, afin de provoquer les mens-  
trues—la digitale pour calmer les palpitations—les émollients,  
et une diète sévère. Le 10 Janvier, la tumeur et les dou-  
leurs étaient disparues, les menstrues continuaient avec ré-

gularité, et la malade avait recouvré l'usage de son bras, que l'enflure de l'aisselle avait rendu presque nul.

Cette manière de traiter les cancers est maintenant en grand usage en France, et vient de s'introduire en Angleterre et aux Etats-Unis. Elle mérite toute l'attention des Médecins.

*Magnétisme Animal.*—L'Académie Royale de Médecine de Paris, vient de nommer une commission composée de MM. LEROUX, BOURDOIS, DOUBLE, MAGENDIE, LAENNEC, THILLAYE, MARC, ITARD, FOUQUIER et GUENEAU DE MUSSY, pour s'enquérir des effets miraculeux que l'on prétend opérer par cet agent. On avait jusqu'à présent regardé cette pratique comme une manœuvre de jongleur et de charlatan, mais l'attention que vient d'y donner le corps savant dont nous venons de parler, et la considération dont les membres appointés pour faire rapport sur ce sujet, jouissent dans le monde, nous font croire qu'il y a là quelque chose de plus qu'ordinaire. Nous nous ferons un plaisir d'informer nos lecteurs du résultat de leurs recherches, aussitôt qu'il sera rendu public.

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*Bulletin des Sciences Médicales.*

*Scrophule.*—M. WETZ recommande l'emploi de la potasse caustique dans cette maladie. Il fait dissoudre x grs. de potasse caustique dans une once d'eau d'écorce d'orange, et en donne de xij à xx gtt. quatre fois le jour, dans un peu de bouillon. Il emploie aussi une solution de potasse caustique dans six onces d'eau distillée, pour guérir les ulcères.

*Ver Solitaire.*—Dans plusieurs cas de cette espèce qui avaient résisté à tous les plus puissans remèdes, M. BOUGARRE a réussi au moyen de pilules composées de calomel et d'extrait d'aloës, trois grains de chaque divisés en trois pilules qu'il donne tous les soirs pendant huit jours, en augmentant ou diminuant la dose, de manière à produire trois selles par jour. Il ordonne aussi une diète sévère.

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maintenant en grand  
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Royale de Médecine  
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## FOREIGN AND DOMESTIC

### INTELLIGENCE AND CORRESPONDENCE.

*An attempt to ascertain the value of the VACCINAL VIRUS, as a means of lessening the susceptibility to variolous diseases, with remarks on the most probable origin and nature of the small-pox.* Read before the County Medical Society of New-York, April 11, 1825 ; by FELIX PASCALIS, M. D., Fellow of the College of Physicians and Surgeons, &c.

[Continued from page 232, Vol. I.]

No. 6. Is a distressing combination of symptoms incident to the disease, and not exclusively marked by any kind of pustules : it is marked by the formation of swellings of the legs, of glands and joints, of imposthumes in different parts of the body, even of caries of bones, and of severe ophthalmia. These were observed and accurately described by Doctor Lewis Valentin, in the epidemic small-pox, which broke out in Norfolk, Portsmouth, and Princess Ann Counties in Virginia, in the year 1795. This excellent physician adds, that the inoculations which were resorted to in order to check the alarming progress of the calamity, participated in these malignant operations of the variolous poison, though chiefly among the blacks, and that he even saw infants with the collar bone projecting through the skin. The mortality was great, owing to the complication of abscesses, ulcers and tumours, which could not always be successfully managed by the general treatment of the small-pox ; a similar com-

plication of malignant symptoms took place in this city during the last epidemic, under the care of Dr. Samuel Akerly, in a pupil of the Deaf and Dumb Institution. The Doctor was obliged to open two large abscesses in both shoulder joints ; another took place, which afterwards was discussed, and the boy recovered.

This statement of causes and effects, much abridged from what has been collected by the best judges in ancient and modern times, may satisfactorily demonstrate the greater malignity and virulence of the epidemic small-pox over the regular and ordinary course of the same disease, when excited by inoculation. It also evidently shows that the influence of the vaccine virus in the human system, rendering it susceptible to the latter, is not adequate to the repulsion of the former, when arrayed with all its most deadly symptoms. It can, however, modify the intensity of its operation ; it divests it of its particular fœtor, of its secondary fever, of its dangerous pustules and inflammations, and transforms it into a perfect *varioid*. This *secondary* attack is not altogether mysterious or incomprehensible, if we would reflect for a moment, and compare it with what takes place in a body labouring under a full and well marked attack of natural small-pox, it is, that when safely conducted to the last eruptive stage, and when all critical efforts seem to have been completed ; still by the presence, and from the unavoidable absorption of a great number of pustules, the patient is subjected to a secondary fever, to a secondary eruption and formation of pustules, which equally prolong his sufferings, and require the care and attention of his physician.

It may be expected that in concluding this investigation we should acquaint our readers with the history of our last epidemic small-pox and varioid, as they occurred during the years 1823 and 1824, in the cities of Philadelphia, New York, and others, giving the results of mortality by the one

place in this city, and the vaccinal failures by the other. Our present limits will not admit of these interesting details, already authentically recorded in our Medical Journals. I shall select for the present purpose, the subjoined cases from my own observation, and that of others, such as will sufficiently illustrate the first and principal subject of investigation expressed in the title of this paper.

much abridged from the original, and the judgements of ancient and modern physicians, which illustrate the greater mortality of small-pox over the regular disease, when excited by the influence of the epidemic, rendering it unusual, and to the repulsion of the disease, and the deadly symptoms. In his infancy by the late Dr. Kissam; nevertheless he sickened with considerable violence: his case was, however, considered as the varioloid, with brisk red spots, and then pustules all over the body. Three more in the family who had been vaccinated by the same physician took the disease. On the sixth day, Dr. M. used a little of the lymph from a pustule on his student to inoculate a healthy boy with, in the family, who had neither been vaccinated nor inoculated, and this progressed regularly into a fine distinct and benign small-pox; in fine, the mother of the pupil, aged 40 years, who had been inoculated in her childhood and had the disease regularly, took it again on this occasion. It appears by this remarkable occurrence, that four cases of epidemic small-pox were all rendered mild and without danger by the influence of vaccination, and the other by that of the small-pox, which demonstrates that both possess the same degree of constitutional influence in relation to the epidemic small-pox.

*Cases which occurred in New-York during the epidemic small-pox of 1824.*

Professor M'Neven informs us that a young gentleman, his pupil, caught the disease at a source which had affected a great many students of the college. He had been vaccinated in his infancy by the late Dr. Kissam; nevertheless he sickened with considerable violence: his case was, however, considered as the varioloid, with brisk red spots, and then pustules all over the body. Three more in the family who had been vaccinated by the same physician took the disease. On the sixth day, Dr. M. used a little of the lymph from a pustule on his student to inoculate a healthy boy with, in the family, who had neither been vaccinated nor inoculated, and this progressed regularly into a fine distinct and benign small-pox; in fine, the mother of the pupil, aged 40 years, who had been inoculated in her childhood and had the disease regularly, took it again on this occasion. It appears by this remarkable occurrence, that four cases of epidemic small-pox were all rendered mild and without danger by the influence of vaccination, and the other by that of the small-pox, which demonstrates that both possess the same degree of constitutional influence in relation to the epidemic small-pox.

A medical gentleman of this city experienced a violent attack of pneumonia, with a great determination to the head, and it became necessary to take repeatedly from him, a large



quantity of blood. With this and other means, the patient's disorder was subdued, but he was left in a very reduced state from which he was scarcely recovering, when yielding to an urgent professional call, he was carried to a house where the small-pox yet existed. He was shortly after laid up again with an alarming fever, until a considerable eruption broke out on his face and breast, which proved to be variolous pustules of a distinct and tubercular kind, and clustered together in very red spots, creating an intolerable degree of pain. This varioloid, which progressed tediously, was in this subject a secondary attack, he having had the inoculated small-pox at the age of ten years.

Two sisters, Germans, aged 13 and 20, born in Westphalia and inoculated with the small-pox during their childhood, still bearing good scars on their arms, lived in the same family industriously engaged in their capacity of house-servants, and where they experienced no other indisposition than that incident to a change of climate. They separated before the epidemic took place, and shortly after, at no great distance of time, sickened with the variola, each in their respective places of residence, in which not any such case had occurred. The oldest experienced a somewhat confluent varioloid; the second, had a violent fever which required venesection, accompanied with a mixed tubercular eruption. They both recovered on the 18th. or 20th. day of the disease. These cases are instances of the activity of the epidemic, equal in strangers as in natives, and in either kind of protection, by the inoculation or by the process of inoculation.

IV. We see in the following, a reciprocal and simultaneous influence of the two diseases upon each other; the one by exciting the operation of the vaccine virus, which was dormant in the subject, and the other by changing the epidemic variolous matter, into simple varioloid. From which it results, that both the vaccine disease and the *artificial* small-

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are equally capable of controuling the *epidemic variola*.  
I was desired to vaccinate a little girl of 6 or 7 years of  
age, lately arrived from Louisiana, and I attempted to do it  
three times without the least effect, always at 6 or 7 days in-  
terval between each operation. Apprehending that my daily  
attendance upon several cases of small-pox, might be the  
means at least of exposing the child to an attack of the ex-  
isting epidemic, I requested the parents to permit her to be  
separated, as all circumstances rendered this measure per-  
fectly justifiable. I used fresh lymph, from a lad of 18 years  
of age, just labouring under a heavy confluent small-pox,  
yet a very hopeful case. At the usual time, the little girl  
swell-  
ed, and at the same time, a fine vaccine pustule with an  
eruptive variola, arose on the spot where the virus had been inserted.  
A few days after which, a second eruptive fever brought on  
a gradual varioloid eruption ; the pustules were rather small,  
not numerous, and were generally of the dry and tubercular  
kind : her recovery was rapid and perfect.

It must now be confessed that the march of the human  
mind towards the knowledge of the natural laws which govern  
the course of the most formidable diseases, has been to this day re-  
strained or retarded by an opinion, which, without any founda-  
tion, has obtained the belief and assent of all nations ; to  
wit : that the small-pox is specifically *unique and sui generis* ;  
the same which long ago was imported from Arabia. From  
this it was afterwards inferred, that by the universal adop-  
tion of the Jennerian process, the small-pox must be even-  
tually eradicated from the surface of the earth. That this  
philanthropic and benevolent desire has not and cannot be  
realized, twenty-five years of experience has already shown  
us. This disease has not disappeared from a single popu-  
lous district or nation, and uninterruptedly exists in all the  
largest cities of the world. Should it be granted, however,  
that by the vaccine process, millions of infecting sources of

that virus have been suppressed, mortality by the small-pox greatly diminished, and that very few sweeping epidemics have occurred, it nevertheless appears certain that there remains some other sources of the disease, which the Jennerian prophylactic cannot reach, nor effectually control: or else there could not have been any epidemic small-pox in the midst of large populations, among whom the practice of vaccination is most rigidly enforced, nor such a number of vaccine failures amounting even to thousands, been reported in a single populous city.\* Such existing sources it is our duty to investigate: The following short attempt, I confess may be deemed preposterous; but I inform my readers, that I cannot produce better arguments or proofs, than those that are furnished by logical analogy and analysis. To those to whom they may not appear satisfactory, I apologise, by holding the vaccine virus as an invaluable discovery, not only by its influence against the small-pox, as it has been explained and represented, but because it is a precious key to unlock the hidden and mysterious source of the small-pox, and which may also guard the human race against its epidemical visitations.

Nothing is found in the science of therapeutics that could, by analogy, be compared to the power or influence of the vaccine virus, except it be that of the small-pox itself, of which it may be the prophylactic. But as it has been proved a complete preservative against the artificial disease, and an incomplete one against the epidemic, there may be inferred from this unexpected result, a very conclusive analogy, which would hold good, if epizotic diseases when existing in epidemic form, could affect or endanger the human constitution; for then a bovine or vaccine epidemic, might at once, by priority, implant in our system an absolute insusceptibility to the

\* Vide Dr. Chapman's Journal of Medicine, &c. No. 14.

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lity by the small-pox, a sweeping epidemic, we ascertain that there is a law which the Jennerian method of control: or else, the small-pox in the practice of vaccination, a number of vaccinee have been reported in various sources it is our attempt, I confess to inform my readers, that the proofs, than those that analysis. To those who apologise, by holding the discovery, not only by the vaccinee has been explained the key to unlock the small-pox, and which its epidemical visitations, the influence of the small-pox itself, of which it has been proved a social disease, and an inference may be inferred from the existing analogy, which is existing in the human constitution; might at once, by the susceptibility to the human pustular pestilence. Now if analogy is in all speculative sciences, and especially in that of mathematics and algebra, the very rationale by which we may progress from the known to unknown proportions or quantities, the above analogy hypothesis is admissible by way of comparison, from that law which limits the power of the vaccine virus to a prevention against the artificial small-pox. Furthermore, as there are no three or four diseases that present more striking analogies than we find between cowpox, the varicellæ, and variola, it is next to a theorem, that by the one which is perfectly known to us, we should come at the true nature of the other; then to its source, and perhaps to the periods or circumstances of its formation.

Proceeding from this analogy to another series of attributes appertaining to the cow-pox, we find that this virus is a diseased matter secreted from the body of a cow, or from the hoof of a horse, on the authority of Jenner himself, of the celebrated Dr. De Carro of Vienna, and of the Dr. Chevalier Valentin. Their researches on the subject should not be passed unnoticed, in treating of a contagious matter which has not only been traced from one animal to another, but has been also transferred to different species and from them again to the human subject, in whom the *equine* virus has shown the same effects and efficacy: nay, it has been so much confounded with the vaccinal matter in certain countries, that Dr. De Caro did not know but *equine* matter had there superseded the *vaccine*! This fact being particularly interesting, we refer the reader for further details to the notes 6, 7, and 8 in the "*Notice Historique sur le Docteur Jenner, &c.*" Nancy 1824. *Second Edition, by Lewis Valentin, M. D. Knight, &c.*"

2. This virus being absorbed by the human body, after several days, a small quantity of lymph is assimilated to it,

which forms one or more pustules, retaining the same power as that which originally came from the cow.

3. And when the evolution of this virus is completed in the human constitution, it is, in every respect, as far altered or influenced by the operation, as it would have been by the inoculated or artificial small-pox; although both diseases may be diversified in point of duration, of nature, form, and quantity of pustules, it is also true that one only symptom is required for the efficiency of both, that is, eruptive fever, with this difference, that in the small-pox it takes place at the commencement, until the eruption is formed, while in the vaccine diseases, fever is manifested at a later period only. If now, we consider that no mineral nor vegetable poison is known to be absorbed by the human body, and that the power of absorption and reproduction are confined to animal matter and animal poisons, such as give rise to hydrophobia, syphilis, plica-polonica, herpes, psora, lepra, variola, kindred pox, and other contagious diseases; and that there is no kind of analogy between any two of those diseases, the two last excepted; it is not only justly inferred, but demonstrated that the small-pox is an *animal virus*.

The next question would be to ascertain from what animal being it proceeds, whether from the brute creation, or from the human race, or indiscriminately from both. The doubtful origin of the vaccine virus, to which we have already adverted as possibly of an *equine* nature, and also the singular pustular disease of the sheep kind, called the rot,\* (in French le Claveau) might promise a clue, especially as the latter bears some imperfect resemblance to the human variola; but let us drop any such conjecture, and by attending only to the fact of extensive epidemics having taken place in almost every populous nation and city, we may learn the

\* Med. Repos. N. S. vol II. p. 228.

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general circumstances under which epidemic diseases are formed. One is the atmospheric constitution of seasons, of heat, and of moisture ; the second, we designate as the miasmatic exhalations from the soil or other localities, such as marshy grounds, stagnant waters, and dried ponds, &c. ; and lastly, the accidental conditions of dense assemblages of human beings.

The extensive inhabited regions which have sometimes been ravaged by pestilential fevers, as happened in the whole Roman empire under the two Justinians, in the 7th and 8th centuries, were certainly excited by an universally deleterious state of the atmosphere. The same cause presided and prevailed no doubt, in the 16th century, when all possible forms of influenza, catarrhs, and fatal *anginae* ravaged all Europe, by the sweating sickness in England, by the sneezing sickness on the continent, and by the croup in Italy. But such universal causes have never been applicable to the epidemic small-pox ; it never was simultaneous over extensive regions ; it does not invade many populous towns or districts at the same time : it has always been successively and at different dates in winter, in summer, in frozen regions, and under the torrid zone, in dry and humid situations, and from pole to pole, a scourge to mankind, parcelling out its attacks amidst the joys and comforts of previous health, suddenly and unexpectedly diffusing its powers throughout all ages and classes of society.

The miasmatic exhalations of the earth have long been known to be the ordinary or accidental sources of a catalogue of endemic or epidemic diseases and plagues. The Hebrews had their Leprosis, the Greeks their Elephantiasis, the Poles their Plica Polonica, the Savoyards their Goitre, and the Italians their Malaria, &c. ; and what a variety of fevers of a bad character are endemial in the vicinities of our great lakes and rivers ! But not one defined or bad quality



of land or soil has ever been observed to promote epidemics of small-pox more than another ; no one race nor tribe of men nor one climate, nor season, nor one latitude more than another ; nor is there any exception in society or in the savage life, in their ailments or occupations, in the toils or hardships of the labouring classes, or amidst the refined luxuries and comforts of the rich, in the humble huts of the poor to the gorgeous of the great. And no age, in fine, can be said to be more congenial to or productive of this disease than another. Louis XV. king of France, after the daily fatigues of hunting, experienced an attack of varicella, when 28 years of age, and 36 years after, he died of the most horrid and malignant attack of the small-pox.

The third condition or circumstance productive of general epidemics, and that only which has attended those of the small-pox, is unquestionably that of large and dense populations. Hence it has always been hovering in camps, in fleets, and prisons ; it is frequent in all commercial cities, and is never extinct in London, Paris, Lisbon, and Constantinople ; this specific matter, it appears, is formed or aggravated by an animal or deleterious effluvium, which, passing from man to man, from breath to breath, gradually acquires its elementary intensity, by which a single particle or atom of it, similar to leaven, excites a general ferment of the whole lymph in the human fabric ; but this terrible operation, which can so readily be averted or modified by the slight constitutional action of another animal virus, suggests to us that two concurring elements or causes, one remote in the living body and which has not been eliminated from it, the other proximate, can, by the fortuitous accession and junction of impure animal effluvia, create the variolous poison with all its own attributes. This phenomenon appears neither so incomprehensible, nor so singular nor dreadful as that of *phthyrasis*. When the circulating lymph in the morbid state

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and under some accessory influence of external heat, or filth,  
 is brought to the last term of animal decomposition, and  
 forms or creates a most horrid kind of vermin, which is ra  
 idly increased by continually succeeding generations, issu  
 ng from all the hairy surfaces, from mucous membranes and  
 from purulent pustules. If that trivial adage might be in  
 alged in here, "To see is to believe," I might add, *Quæ*  
*ipse miserrima vidi*. History informs us, that the divine  
 Plato, Herodes king of the Jews, the dictator Sylla, and  
 Philip of Spain, all died of that shocking malady.

There cannot be much doubt that the small-pox is an ani  
 mal poison, exclusively proceeding from human beings, and  
 that when prevailing as an epidemic, it is of a recent and  
 fresh formation; and since it could not be traced to atmos  
 pheric constitution, as we have already demonstrated, nor to  
 miasmatic exhalations, or other deleterious qualities of the  
 air, we must conclude from a series of striking circumstan  
 ces, that it is a compound and morbid formation from human  
 effluvia; it must then be reasonable to suppose that exten  
 sive infecting and invisible currents of the kind, cannot have  
 long existence under the vicissitudes of seasons, and the  
 variableness of winds and temperature, although they may  
 be often renewed in camps, jails, ships, hospitals, and burying  
 places, as well as in all dense assemblages of human beings.

Another and last remark in conclusion, relates to the con  
 vention of the small-pox, which proves to be so much more  
 active, diffusible, and transportable by intermediary vehicles,  
 such as the effluvia from clothes and other materials, than  
 any other. Epidemic fevers of a bad or malignant character  
 continue still to excite great controversy among the learned,  
 and the heads of government, respecting their contagious  
 power. I would only propose a final question, which has  
 been illustrated by the above investigation; whether the con  
 tagious property of any disease incident to mankind, cannot

be peremptorily decided ; first, by its nature as an animal virus ; secondly, by its being absorbed into the human system ; and finally, by the conversion or assimilation of human lymph into a virus of the same nature, and capable of reproducing the same disease ?

We beg Dr. Pascalis will accept our most grateful thanks for this highly scientific essay, and other very valuable papers. After the respectful mention made of it in the annual report of the Linnean Society of Paris for 1825, and in the New-York Medical and Physical Journal, it is impossible that we can with propriety dwell on its merits, which are so strikingly evident on its perusal.

Our readers will no doubt hail with pleasure the opportunity which is now afforded them, of appreciating the value of the different doctrines to which our anxiety in exploring an affectual mode of arresting the progress of a most desolating calamity, has naturally given rise ; and as we feel confident that we could not apply to a more respectable source for information on this very important topic of scientific inquiry, we must be allowed to submit an idea which this paper has created in our mind, and which, we hope, shall be received with the same indulgence as it is presented with diffidence and respect.

Dr. Pascalis has very satisfactorily proved some useful point which had lately given rise to much agitated questions, but we are sorry that after such plausible arguments, both for and against vaccination and inoculation, we should be still left without the means of obviating the failures of these two prophylactics. It is, however, admitted that in case of the small pox occurring after vaccination, it only appears under a benign form called *varioid*. It is also granted that artificial small pox is seldom attended with serious consequences. Would not be worthy of trial, to ascertain to what degree of mildness the inoculated variola can be reduced by previous vaccination. We are not aware that it has ever been proved how far the previous vaccination may influence variola when inoculated as it does when epidemically engendered.

Should this suggestion be not considered an idle proposition, it might become the means of satisfying the partisans of either party, and of ascertaining whether both inoculation and vaccination are a more effectual preventive of variola than one alone. (Note of the Editor.)

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*ertation on Scrofula*, by J. B. MEILLEUR, M. D. &c. &c.  
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(Continued from page 240, Vol. I.)

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Is it reasonable to believe that the union of living parts can  
be effected mechanically, as pieces of wood and other subs-  
tances are made to adhere, by gluing them together? And,  
if so, how can inorganic matter possibly be the agent of  
the creation of any thing whatever, and be the author of a  
new life? Is it not, on the contrary, much more likely to  
be an extraneous and irritating substance, which, as long  
as it remains in the way, must unavoidably prevent the parts  
from reuniting together? Is this not the natural corollary?  
In truth, the precise operation of nature in effecting the cure  
of the reunion of parts which have been, either with design or  
accidentally, divided, is not as yet, and perhaps never will  
be fully understood by any one; but from analogy, and  
from the knowledge we have of the myriads of effects which  
result from the well known laws of attraction and of affinity  
prevalent in all physical bodies, we may safely conjecture,  
and assert, and this without in the least degree going out  
of the strict bonds of true philosophy, that the adhesion and  
reunion of such divided parts are the natural effects of an  
animal affinity, in and between the parts divided, the whole  
depending more or less on the degree of vital action, and  
on something else; and that an increase of the nervous action must  
produce an augmentation in the degree of the same attrac-  
tion and affinity; and, although the novelty of such an idea  
might excite the superficial to laughter, yet, to establish it,  
we might adduce here many plausible and logical arguments.  
We might, indeed, amuse ourselves much longer, and travel  
at ease, over a much wider field, while on this subject;  
but as it is here incidental and somewhat foreign to our pre-

sent purpose, and as no one, I trust, will, after a deliberate investigation, be likely to indulge himself in such wild and unfounded notions, we will now conclude this digression, and return to the further pursuit of our main object, that of proving that scrofula is decidedly an inflammatory disease.

Those who deny that scrofula is of an inflammatory nature, generally assert that it is a disease of mere debility, and the most powerful arguments which they bring forward to support their doctrine, are, that the greatest share of remedies recommended and used by most practitioners for the cure of scrofula, consists in such as produce inflammation in the parts affected, which inflammation is believed to be necessary to effect its healing; also, that, as to the general treatment, bark, bitters, and other tonics and stimulants, are recommended and used, with a happy success; and that, if these do no good, they at least do no harm. That such inflammation, thus purposely induced in the system, may tend to effect the cure of scrofula, we are not disposed to deny; but it should be recollected, that it is nothing but a substitute for that which already existed previous, and which is exchanged for a more commendable one; scrofula being analogous in this respect to syphilis, which no person denies to be an inflammatory disorder, in the treatment of which mercury, which is a powerful stimulant, is administered freely, in order to change the specific inflammation into a more manageable one. But even in this, mercury proves hurtful, if the patient is not well prepared by a suitable depletion prior to its administration.

Here it should be remembered that inflammation may, and in fact does take place, in the system or any of its parts, when labouring under a state of positive debility, a truth recognized by some of the first medical authors, as Broussais, Armstrong, Thomson, &c., and that when this is the case, it is always slow in its progress, and chronic in its nature. Such inflam-

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mation therefore may, with propriety, be called passive or  
dolent, as there is no very perceptible increased action of  
the heart and arteries, nor any very evident febrile commo-  
tion. Such is the case in that inflammation which precedes  
and attends schirrus, cancer, scurvy and scrofula. Now, I  
have no doubt but in the treatment of a disease of such a  
character, the moderate and well conducted administration of  
mild tonics and stimulants can effect a cure, and this would  
not militate against it being of an inflammatory nature : are  
they not administered, with success, in chronic hepatitis and  
other chronic inflammatory disorders ? The principal object  
in view in these instances, is to give sufficient tone to the  
system, to enable it to shake off as it were, the morbid diathe-  
sis, and to assure a more healthy and more vigorous one ca-  
pable of resisting the noxious influence of those adventitious  
causes which are calculated to keep up, if not to augment,  
the diseased action in the whole animal body, thus rendered  
more and more susceptible of morbidic impression.

There are three other arguments, but of very little or no  
value, which are generally brought against the inflammatory  
nature of scrofula. These are, that the pulse is but little or  
not at all altered ; and that there is scarcely any pain expe-  
rienced in the parts affected, nor redness of the integuments  
covering them. It should be recollected that the disorder is  
a chronic one, and that consequently, the degree of inflam-  
mation is not so high as it would be, were it an *acute* one ;  
that in chronic or passive diseases, as a general rule, the de-  
gree of alteration in the pulse is slight, and of course, of  
little consequence ; finally, that the glands, parts which are  
usually the principal seat of the complaint, are generally re-  
mote from the heart, and comparatively, but very imper-  
fectly supplied with nerves ; hence little or no pain is ex-  
perienced in them by the patient, in the same degree of  
disease. Besides, as to the redness, before the skin partici-



pates of the inflammation of the scrofulous glands which it covers, it is merely elevated by their preternatural enlargement, in consequence of which its blood-vessels are put upon the stretch, their size is diminished, and a less quantity of blood circulates through them, in a given time ; but when it partakes of the inflammation, its nerves have an increased action, the circulation is carried on with much more force and rapidity, and the cutis or epidermis assumes some degree of preternatural redness and warmth, the well known characters of inflammation.

*Causes and Pathology.*—Had scrofula been generally considered as a constitutional, instead of a local disease, we would not still remain so much in the dark with regard to its true pathology. But, as in every discursive investigation one cannot reason or argue without starting from some fixed and well known principles, I will avail myself of the following which should ever be present in the mind of every medical man.

The animal system is *one* and a *whole*, everywhere endued with a nervous power, whose seat, says Le Gallois, "constitutes in itself the individual as a living being ;" all the rest of the organization of an animal serving only to establish a relation between the said nervous power and external objects or to prepare and supply it with materials necessary for its support and nourishment. Far from being particular to, or concentrated into any point, this nervous power has an immediate connexion and perfect harmony with all the constituent parts of the animal machine. Le Gallois illustrates this assertion by a familiar, but well adapted comparison: "let us suppose," says that able writer, "a number of wheels all connected together by their cogs, they will form one system only ; no one can perform any motion unless they all do the same." Now if these positions are true and founded as every one who has ever so little knowledge of physiology

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must admit, it follows that when any one part of that whole  
is affected, depressed, excited, or disordered, the others must  
necessarily have a share in, and be synchronous participants  
of the same action, whether it is regular or irregular, healthy  
or diseased.

The affection of any one part therefore becomes instantane-  
ously that of the whole system. As a musical string put  
upon the stretch cannot be vibrated any where between its  
two poles, or points of attachment, without the vibration being  
immediately communicated throughout, so the living sys-  
tem cannot be affected in any one part, without all the others  
participating of the same affection, the morbid action travel-  
ling, through the medium of the nerves, from one organ or  
subdivision of the general system to another, and forming an  
uninterrupted chain, which ultimately involves the whole  
body. If one receive a wound any where on his body, ac-  
cording to Bichat, the part to which the cause is applied re-  
ceives, the nerves transmit, and the sensorium perceives the  
injury ; and we may add that the nervous action being re-  
flected back from the sensorium equally to every living part,  
the whole system becomes universally affected. But the  
painful sensation is referred to the place where the cause has  
made its morbid impression, on account of the nervous re-  
action which is added to the local excitement in consequence  
of which the pain is there so much greater than elsewhere,  
that the general uneasiness is neutralized, as it were, and the  
patient is scarcely able to feel it, though its bad effects are,  
to him still more than to others, very notable and palpable.  
A great, a very great number of familiar examples might be  
specified here, were it necessary, to establish this doctrine.  
Indeed, if a disease can be strictly local, and exist without  
affecting the whole system, why are its effects general, and  
its consequences so unlimited ? Why, for example, in cases  
of extensive lesions, lacerations and bruises, do we not direct

our medication exclusively to the parts injured? But, to state things as we have reason to believe they are, and not as they may appear to a superficial observer, we must assert that strictly speaking, there never was, nor ever can be, any such thing as a disease absolutely local; for it is diametrically opposed to the laws of the nervous system and animal economy, as well as to those of nature, who never made any kind allowance for such strange anomaly; and the contrary idea entertained by some, is absolutely without any foundation, and tends to lead the practitioner into an error whose results must be the grossest blunders, and the most unpardonable mistakes; for, under the impression that the disorder which calls his skill and knowledge into operation is a local one, he is induced to direct his attention, in the treatment thereof, exclusively to the part or organ which appears to be its principal seat, and to neglect the system at large, which however generally speaking, should be in the very onset, strictly and faithfully attended to. All the medical, and many of the surgical disorders, which are considered by authors are local, or local concentrations of general or constitutional disease.

Having premised these brief remarks, and attempted to prove in a short way the unity of the nervous system, which have been thought necessary in this place, for the better understanding of the causes and pathology of the disease under consideration, we will now proceed to the investigation of these conjointly.

Bedingfield under the head, *Hydrocephalus internus*, and in a digression to his main subject, suggests that indigestion or dyspepsia is the cause of scrofula, and Abernethy, Alibert, and Thomson seem to have entertained the same idea, and Dr. Lloyd is decidedly of that opinion. (\*) Dr. Caldwell,

(\*) Since this dissertation has been written, I had the pleasure, while attending, lectures, as a medical graduate, at Dartmouth College, to see the able Prof. Olivier inculcate the same doctrine.

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the commentator of Cullen's practice of Physic, says, "scro-  
 fula appears to be, in no small degree, assimilated to rickets.  
 Like that disease, it arises no doubt, from a want of vigour,  
 accompanied by a peculiar vitiated action in the organs of  
 digestion, assimilation and nutrition." And although Dr.  
 Thomas in his modern practice of Physic, censures Mr. Ri-  
 chard Carmicheal for considering scrofula as arising from a  
 disordered state of the digestive organs, yet, the Dr. himself,  
 in the treatment of the disease, seems to direct his attention,  
 principally to the digestive functions. Such is the opinion  
 which several learned authors seem to have entertained con-  
 cerning the complaint under consideration; and as I never  
 saw it discussed, but merely advanced, it is the one which I  
 will endeavour to establish here as tenable, although I may  
 fail in the attempt. In fact, indigestion or dyspepsia is no  
 doubt the remote cause of that mysterious disorder, scrofula,  
 which writers in general appear to know only from its bane-  
 ful effects on the constitution; for, nothing can agree better  
 than indigestion, with its well known character that of being  
 generally accompanied with a remarkable degree of debility,  
 throughout its course.

It is well known that the stomach performs the most im-  
 portant office in the corporeal system, and that when for some  
 cause or other, its functions are debilitated, impaired, or di-  
 seased, it is unable to convert into a nutritious chyme the food  
 received into it. The aliments thus imperfectly digested,  
 prove to be, in their passage from that organ into the duode-  
 num, irritants capable of producing an inflammation of the  
 pylorus and of the first intestine, which inflammation fre-  
 quently extends directly to the liver and pancreas, the lining  
 membrane of their ducts being a continuation of that of the  
 duodenum into which they empty themselves of their con-  
 tents. This explains satisfactorily the apparently so myste-  
 rious sympathy of many. Accordingly the ingesta present

themselves to the mouths of the lacteals in a state of imperfect digestion, and sometimes perhaps in a crude state.—Bendingfield, therefore, persuaded that such may be the case after having suggested in a few words, that indigestion is the cause of scrofula, concludes by speaking as follows: “although the absorbents of the intestines, in all probability, possess to a certain extent, the power to receive or to refuse what may be presented to their mouths, yet, if only imperfect chyme be formed, they will be necessitated to take it up. The imperfect chyme (or rather chyle) thus taken up acts upon the inner surface as an extraneous body. They, as well as the glands attached to them, become inflamed, and thus is produced the disease termed *tubes mesenterica*.” Dr. Thomson, also has made very judicious remarks to the same end, and nearly in the same language. That the mesenteric glands are commonly found much diseased in both young and old scrofulous subjects, has long ago been known to be the fact; but it never was, I believe, generally considered to be the consequence of indigestion or dyspepsia.

This however appears to be the most plausible *rationale* of the disorder, particularly when we know that all which is taken up by the lacteals, has to pass through them before it can arrive in the circulation. Now, if the ingesta are imperfectly or but little digested, we have good reason to believe that the mesenteric glands must take on a morbid action before any other part of the body, except the lacteals, which first take it up, and which of course must be first affected.—Thus, we are justified in asserting with positive confidence, that *tubes mesenterica* is *not* the cause of scrofula, as a certain class of writers say it is, no more so than that the tubercles, found in the lungs, are the cause of *phthisis pulmonalis*, but merely the *consequences* of a scrofulous or phthisical diathesis.

(To be continued in our next.)

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*Dissertation sur le cancer de l'Utérus.* Par GUILLAUME J. L. VALLEE, M. D. &c. &c. de Montréal.

(Continuée de la page 243. Vol. 1.)

Pendant un tems plus ou moins long, le cancer de l'utérus se présente que sous la forme d'affection locale ; mais, à une époque plus ou moins tardive, il commence à exercer son influence sur l'économie animale, et à se compliquer des symptômes de la cachexie cancéreuse. Cette époque se manifeste par les signes suivans ; Amaigrissement progressif, tristesse, dégoûts, désordres continuels dans l'appareil digestif ; la peau acquiert cette teinte livide, jaune-paille, avec des taches bleuâtres, signe non-équivoque des désorganisations profondes. Ce caractère n'avait pas échappé à *Hippocrate*, ce qui prouve que cet habile médecin portait ses recherches jusqu'aux plus petits détails qu'il ne croyait pas indifférens pour l'honneur de l'art.

Quelquefois on remarque des syncopes, des convulsions. La malade a depuis long-tems oublié les douceurs du repos ; une fièvre d'abord peu apparente, sensible seulement le soir et durant la nuit, s'allume, et, acquérant chaque jour plus de force, consume la malade que la diarrhée achève de précipiter vers le terme fatal. Souvent même elle a succombé, avant ces grandes destructions, aux suites d'une hémorragie excessive, ou de quelque inflammation aiguë.

Telle est la marche la plus ordinaire du cancer de l'utérus ; mais qui pourrait décrire les variétés presque innombrables qu'offre cette maladie, soit dans son ensemble, soit dans chacun de ses symptômes, considérés sous le rapport de leur intensité, de leur durée, de l'époque où ils se manifestent, de l'ordre dans lequel ils se succèdent.

*Marche et durée.*—On voit que dans le tableau rapide que



j'ai fait des symptômes, j'ai supposé la maladie attaquant l'orifice utérin. En effet, elle commence presque toujours par le col de l'utérus, et c'est ordinairement la lèvre postérieure du museau de tanche qu'elle envahit d'abord. Le cancer débute sous deux formes principales : quelquefois c'est un engorgement chronique qui passe à l'état squirrheux, puis à la dégénération carcinomatense ; le plus souvent c'est un véritable ulcère cancéreux qui repose immédiatement sur le tissu même de l'utérus.

La durée de cette affection varie à l'infinie, depuis quelques mois jusqu'à plusieurs années.

Lorsque le mal a commencé sur le corps de l'utérus, celui-ci peut être entièrement squirrheux, sans que le col paraisse y participer. C'est ici que le diagnostic est beaucoup plus difficile, et que l'on ne reconnaît la maladie qu'à la présence des douleurs lancinantes, et quand elle a fait des progrès tels que le mal est au-dessus des ressources de l'art. Quand le corps est affecté, l'utérus peut acquérir un volume considérable. *Ambroise Paré* le vit égaler celui de la tête. *M. le professeur Fizeau* l'a vu acquérir une grosseur plus énorme.

*Prognostic.*—Le pronostic que l'on peut porter sur cette maladie est des plus fâcheux. Cependant, quand elle n'occupe que la partie superficielle du col de l'utérus, quoiqu'elle soit très-grave, on peut concevoir l'espérance d'en arrêter les progrès ; mais de tous tems le cancer, une fois bien développé, a été regardé comme incurable par tous les auteurs. Lorsqu'il est ancien et qu'il occupe la totalité de l'utérus, il conduit certainement le malade au tombeau.

*Diagnostic.*—Il est des circonstances qui rendent le diagnostic très-difficile : c'est surtout au début du cancer que l'on court risque de se méprendre. Disons quelques mots des maladies avec lesquelles on pourrait le confondre.—

La métrite chronique pourrait peut-être en imposer à l'observateur ; mais cette dernière est plutôt accompagnée

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maladie attaquant l'organe, est presque toujours parvenue à la lèvre postérieure et à l'abond. Le cancer de l'utérus est quelquefois c'est un engorgement squirrheux, puis à l'écoulement, souvent c'est un véritable écoulement sur le tissu de l'organe.

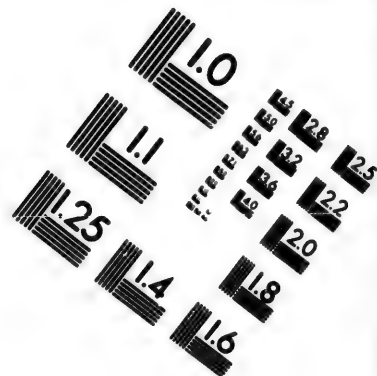
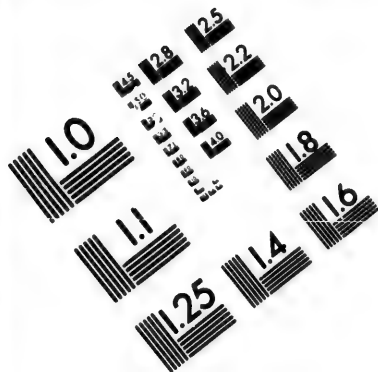
Infinité, depuis quelque temps, de l'utérus, celui qui paraît le plus difficile à guérir, est beaucoup plus difficile à guérir qu'à la présence de la maladie. Quand on a fait des progrès tels que ceux de l'art. Quand on a un volume considérable de la tête. M. le baron de l'utérus, il est le plus énorme. On peut porter sur cette tumeur, quand elle n'est pas trop développée, quoiqu'elle soit d'en arrêter les progrès, les auteurs. Lors de l'écoulement de l'utérus, il est le plus difficile à guérir.

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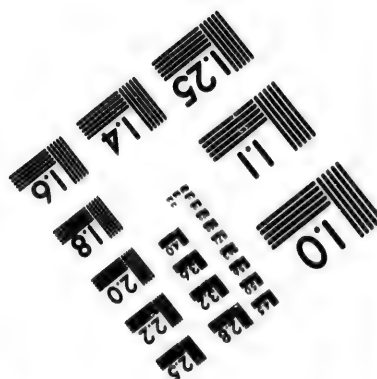
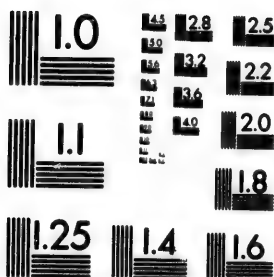
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le corps de l'utérus, et que celui-ci est dans un état complet ou presque complet de chute, l'utérus cancéreux peut être emporté à l'aide de la ligature. 2. Quand la maladie est bornée au col de l'utérus, si elle est superficielle, sous forme d'ulcère reposant sur des tissus sains, fermes, la rescision doit être employée. 3. Dans les cas de trop grande friabilité des tissus du col, si celui-ci est trop peu ferme pour être fixé, s'il est ramolli, ou si le cancer est plus profondément situé, et qu'il occupe une plus grande partie du museau de tanche, la cautérisation nous semble préférable. 4. Quand la dégénération a envahi la presque totalité du corps, (celui-ci n'étant pas dans un état de chute), à plus forte raison quand les parois du vagin et les parties environnantes sont prises, l'opération est tout-à-fait impraticable. Que faire dans cette circonstance malheureuse? User de palliatifs, entourer la femme de prestiges d'espoir qu'on est si loin de partager; et, s'il est possible encore, par des consolations adroitement ménagées, semer de quelques fleurs le chemin qu'il lui reste à parcourir; voilà hélas! à quoi se borne le triste ministère du médecin.

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*Essai sur la nécessité d'établir à Québec, Capitale du Canada un Hopital Général, considéré comme le moyen le plus efficace d'être utile à l'humanité, et à la Science Médicale du Canada. Par un Médecin de Québec.*

Dans un tems où la Législature va s'occuper de l'érection d'un édifice qui doit fournir au Médecin les moyens d'exercer son art en faveur des malheureuses victimes de la maladie, on doit s'attendre que ceux qui sont par état dévoués à l'exercice d'un devoir aussi important, ne voyent pas avec indifférence approcher l'époque où ils pourront travailler avec plu



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ec, Capitale du Canada  
 ne le moyen le plus eff  
 a Science Médicale c  
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 t pas avec indifférenc  
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d'avantage pour les souffrans. Mais comme ce sujet embras-  
 se nécessairement deux questions, l'une d'économie politique,  
 l'autre de police médicale, je ne m'attacherai qu'à cette der-  
 nière la seule qui soit de mon ressort ; elle me conduira à  
 rechercher, pourquoi les établissemens de ce genre que nous  
 possédons non seulement ne sont pas suffisans pour produire  
 les heureux effets qu'on en devrait attendre, mais même inca-  
 pables de jamais le devenir, d'où je conclurai à la nécessité  
 d'y pourvoir d'une autre manière qu'on ne l'a fait jusqu'à pré-  
 sent ; enfin je chercherai les moyens qu'il est nécessaire d'a-  
 dopter pour rendre un semblable établissement avantageux à  
 la société, et utile à la science médicale.

Je ne puis mieux entrer en matière, qu'en introduisant ici  
 l'idée noble et sublime que nous donne d'un hôpital un illustre  
 contemporain, M. Fodéré, dans les termes suivans :

“Ce fut une belle pensée de nos pères, que celle qui créa  
 ces lieux où les pauvres atteints de maladies ou d'infirmités  
 sont accueillis pour y recevoir les secours que leur état exige,  
 et d'avoir appelé ces asiles *Hotel-Dieu*, maison de Dieu, père  
 commun des hommes. Gloire en soit au christianisme ; car  
 c'est à cette secte, vrai et unique refuge des malheureux,  
 qu'on doit ces institutions bienfaisantes qui manquaient aux  
 Grecs et aux Romains, quelque haut point de civilisation que  
 ces peuples eussent déjà atteint lors de la chute du polythéis-  
 me. La charité, premier élément de la religion du Christ,  
 avait déjà échauffé tous les cœurs dès l'aurore de son établis-  
 sement, et nous lisons, dans les lettres que Pline le jeune  
 écrivait à Trajan en faveur de ces nouveaux religionnaires,  
 qu'il les recommandait à sa clémence : *quia abluere solent  
 pedes sanctorum, et egentibus cibum, potumque largiri*. Les  
 premiers évêques tenaient leur maison épiscopale ouverte  
 aux passans et aux malades ; ils les couchaient, les nourris-  
 saient, et employaient tous leurs revenus à ces actes de bien-  
 faisance, qui furent le fondement des donations immenses

dont on gratifia l'Eglise. Julien, dit l'Apostat, paraît être le premier Empereur qui ait destiné à ce sujet des maisons et des revenus particuliers, par les soins d'*Oribase*, son médecin et son confidant, en 362 de l'ère chrétienne. Les branches de cette secte imitèrent leur mère commune, et adoucirent sur ce point la férocité des Turcs ; *Mahomet II*, et *Bajazet* son successeur établirent de grands et magnifiques hôpitaux à Constantinople ; ils en firent même pour les bêtes, au rapport de *Lovicerus* dans son histoire des Turcs ; tant la première institution du christianisme avait donné l'essor au plus sublime des sentimens sociaux, celui de l'humanité."

Pour rechercher si nos établissemens actuels répondent à une fin aussi noble, je vais envisager séparément chacun de nos hôpitaux. Le premier qui doit nous occuper d'abord est l'Hôtel-Dieu de Québec ; et comme son défaut de suffisance à nos besoins, paraît tenir à des règles qui font partie de leur organisation, et dont les maitresses hôpitalières paraissent disposées de ne jamais se départir, il me sera inutile de m'arrêter sur celui de Montréal, dont la fondation et l'organisation sont les mêmes à tous égards, et auquel ce que je dirai sur celui-ci, devra par conséquent s'appliquer en grande partie.

L'Hôtel-Dieu tient son existence de l'autorité des Rois de France, en considération des soins que les Dames Religieuses voulaient bien vouer aux pauvres malades. Mais de même que dans la plupart des maisons de cette nature en France, et partout ailleurs où elles existent, on a perdu de vue par degrés l'objet principal, en rendant ces asiles le refuge des pauvres plutôt que des malades ; et c'est ainsi qu'en assurant à ceux là un moyen de subsister sans travail, on a favorisé l'oisiveté et la fainéantise. L'établissement dont je parle, est peut-être un de ceux qui ont le moins donné dans cet excès, malgré qu'on ne puisse nier qu'il n'ait un peu favorisé l'abus. Le malheureux qui souffre dans sa cabane, exposé aux injures de l'air, et manquant même du premier besoin de l'hom-

me malade, la propreté, se trouve exclus d'un hospice que les charitables ayeux lui avaient destiné ; tandis qu'on y aperçoit quelques imaginaires qu'une funeste manie et un besoin factice de prendre des remèdes, conduit à rechercher le séjour d'un hôpital, comme un autre plus sensé va prendre l'air de la campagne.

Il est vrai de dire qu'on y est bien nourri et bien traité, mais qu'en rapporte-t-on ? Pour peu qu'une personne soit affaiblie par quelque cause que ce soit, ne fût-ce que par un trop long exercice, l'air infecté d'un hôpital suffit pour entraîner des maladies lentes dont les suites sont quelquefois funestes, mais qui ne laissent jamais d'être très préjudiciables au tempérament surtout des jeunes personnes.

Mais, dira-t-on, ne voit-on pas à l'Hôtel-Dieu quelques malades qui y sont traités avec assez de soin, pour que l'on doive considérer cet établissement comme très utile au public ? C'est une vérité que j'admets dans toute son étendue ; et telle est la haute idée que j'ai du zèle et des attentions que les religieuses portent aux malades qui leur sont confiés, que mon plus grand regret sera toujours de le voir s'obstiner à repousser les vœux de tout le pays, qui désire ardemment qu'elles veuillent bien accepter les moyens qui leur sont offerts de remplir leur pieux ministère d'une manière efficace, et pour l'avantage même des souffrants. Mais il n'est que trop évident que, surtout dans un lieu où il n'y a pas une variété d'hospices pour différents genres de maladies, tant que cet établissement continuera son système d'exclusion, il ne pourra jamais rencontrer nos besoins.

On avait enjoint à Montpellier, que personne n'entrât dans l'Hôpital sans qu'il eut la fièvre, pour désigner que ces sortes d'asiles sont établis moins pour les maladies dont la guérison dépend d'un bon régime et d'un soin longtems continué, que pour celles qui demandent un prompt secours, et qui sont de nature à entraîner des accidens graves : en un mot pour les

maladies aiguës. Qu'on ne dise pas que l'admission de toute espèce de maladie soit incompatible avec ce que l'on doit entendre par la *maison de Dieu*. L'Hôtel-Dieu de Paris, pour s'être relâché de la sévérité de l'ancien régime qui est si strictement observé ici, a-t-il dérogé à sa destination primitive ? Croit-on que si les protectrices des malheureux qui y exercent leur généreux zèle, avaient plutôt consulté leur propre intérêt en interdisant l'entrée de leur Hospice à des malades, que la crainte chimérique, et qui est beaucoup moins qu'imaginée de nos hospitalières, condamnent à devenir les victimes d'un coupable égoïsme, et de notre indifférence ; peut-on raisonnablement croire, dis-je, que cet asile contiendrait aujourd'hui des milliers de malades de toute espèce, que la certitude de voir adoucir leurs maux, y amènent de toutes les parties du royaume.

J'ai dit de plus, et je dois prouver, que cet établissement n'est point propre à encourager la science médicale. En effet, pour s'assurer que le Médecin s'attache d'une manière infatigable à l'avancement de son art, il est seulement nécessaire que son crédit s'y trouve intéressé. Ce puissant mobile qui conduit aux plus hauts faits, et qui est le premier moteur de toutes les actions des hommes, est cause que l'homme dans quelque état qu'il soit, éprouve toujours le besoin même de redoubler d'efforts pour acquérir les connaissances qui lui manquent, et de perfectionner celles qu'il possède. Malheureusement pour nous, le pays est peut-être trop jeune encore, pour qu'il soit prudent de confier aux Médecins la prérogative de décider du mérite de chacun de leurs membres. Comme ils sont cependant plus compétens encore que tout autre tribunal, on ne doit pas s'étonner si les personnes appelées à remplir des situations importantes dans les établissemens, aux hôpitaux, soit ailleurs, n'ont gagné par là aucun crédit auprès de leurs concitoyens.

Mais si d'un côté je vois l'émulation assoupie dans un or-

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choses auquel il n'est pas en notre pouvoir de remédier,  
me réjouis cependant dans la pensée que l'on ne pouvait  
être un meilleur choix, que de ceux que je vois préposés à  
nos établissemens en Canada. La voix publique et l'as-  
sentiment de toute la Profession, ont confirmé ce qui avait  
d'abord paru ne tenir qu'à des considérations étrangères au  
mérite personnel. Si je ne craignais de blesser leur modestie,  
me suffirait de les nommer pour rendre hommage à leur mé-  
rite. Mais comme je me suis proposé dans cet écrit, de faire  
voir ce que l'on doit éviter dans une nouvelle organisation, en  
contrastant ce qui est pour le moins susceptible d'amélioration  
dans nos établissemens actuels, on me pardonnera sans doute  
de m'appesantir sur un objet que je considère comme l'unique  
moyen de paver la voie aux talens, et par conséquent à l'a-  
ancement de la science.

Je dirai donc, avec toute la franchise que m'inspire la bonne  
foi de mes lecteurs, qu'il est possible que par la suite, on con-  
cède moins le mérite, pour remplacer ceux qui remplissent  
aujourd'hui ces situations avec tant d'avantage, que le désir de  
favoriser des individus qui n'apporteraient d'autres qualifica-  
tions que la naissance et la fortune : ce qui serait aussi préju-  
dicial aux intérêts de l'humanité que j'invoque, qu'à ceux  
de la science que je désire voir prospérer parmi nous.

Pour nous en convaincre, il suffit de tourner nos regards  
vers ceux qui font aujourd'hui l'admiration de l'univers. Si la  
Gloire eût présidé aux offices dans les hôpitaux de Londres  
et de Paris, on ne verrait pas de nos jours deux simples gen-  
tlemen, MM. Cooper et Dupuytren, élevés aux premiè-  
res dignités, celles de Chirurgiens des deux premiers Monar-  
ques de l'univers, et de Barons des deux plus fameux Empi-  
res du monde. Je pourrais peut-être même oser dire, qu'en  
Canada, comme partout ailleurs, les talens se trouvent rare-  
ment alliés à la fortune et la naissance.

Je me suis laissé entraîner plus loin que je n'aurais désiré,

pour faire sentir combien ces situations sont importantes pour l'avancement de notre art ; et je me flatte d'avoir prouvé qu'elles ne sont loin d'être dûes à la fortune ou à la faveur, elles devraient plutôt être le moyen de les acquérir, en les rendant la récompense du vrai mérite. Mais comme cette règle me paraît avoir été fidèlement suivie jusqu'à présent à l'Hôtel-Dieu, j'ai l'occasion d'en parler plus au long, lorsqu'il sera question de l'Hôpital des Emigrés dont l'exemple devra nous donner une leçon salutaire. Je terminerai ce que j'ai à dire sur ce sujet, en considérant comment et pourquoi l'Hôtel-Dieu est vraiment utile à l'humanité.

Dans tout ce que j'ai dit jusqu'à présent, je me suis attaché à mettre sous les yeux les écueils que l'on doit éviter dans un nouvel établissement dont notre Législature a justement senti la nécessité, en accordant une somme d'argent pour s'en procurer des plans. J'ai cru aussi découvrir qu'on avait mal dirigé le système d'exclusion observé à l'Hôtel-Dieu. Malgré ces inconvéniens, qui ne sont tels à la vérité que par l'absence d'un autre établissement plus général, je regarde l'Hôtel-Dieu comme très utile. Outre ce plan que l'on se propose d'exécuter, il se trouve des maladies qui demandent des soins que les mains seules de celles auxquelles un zèle évangélique fait même trouver agréable le plus pénible de tous les devoirs, celui d'être le témoin continuel des souffrances de ses semblables, sont capables d'adoucir. Dans quelle classe de la Société trouverez-vous ces soins assidus, ces complaisances que la sympathie fait sortir d'un cœur tendre et sensible, ce courage et cette sévérité dans l'exercice d'un ministère que la nature même n'est pas toujours capable d'inspirer dans l'ami le plus proche parent, ou du plus cheri des amis ?

C'est sous ce point de vue, que l'on doit envisager l'Hôtel-Dieu comme un établissement utile, je dirai même indispensable, pour ces sortes de maladies dont la guérison dépend plutôt d'un régime bien ordonné, que de l'emploi des remèdes.

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Mais comme il n'est pas possible d'y mêler aussi toutes  
 maladies accompagnées de fièvre, les ulcères ou les plaies  
 suppuration, sans exposer les premiers à contracter d'au-  
 maladies, ou du moins à rendre plus graves celles qui  
 existent déjà, ce sera une raison de plus pour nous faire  
 voir la nécessité d'un autre établissement. Je dois pourtant  
 dire encore avant que de prendre congé de l'Hôtel-Dieu, qu'il  
 me paraît étonnant qu'avec une somme de près de 36000  
 piastres, que la Législature a accordée à cet établissement à  
 titre d'aide, on n'ait pas réussi à donner plus qu'une salle  
 pour les hommes et une pour les femmes. Le nombre total  
 même des malades n'est pas aujourd'hui plus considérable  
 qu'il ne l'était avant ce don. Mais ceci est du ressort du po-  
 tique, et je ne ferai que citer le fait seulement pour faire  
 sentir combien cet établissement est peu proportionné à nos  
 besoins, même depuis les immenses sacrifices que l'on a faits  
 pour le rendre tel. (\*)

Depuis que l'Emigration est devenue considérable, la  
 crainte de l'introduction parmi les citoyens de fièvres impor-  
 tantes, fut cause que la Législature appropria une somme de  
 3000 piastres par an, pour le soutien d'un asile temporaire  
 pour les étrangers malades. L'opinion public est tellement  
 prononcée contre cet éta'blissement, qu'il est de mon devoir  
 de développer les vraies causes qui ont contribué à faire nai-  
 tre contre cet Hospice, des préjugés que rien moins que son  
 mépris n'est capable de dissiper.

Le Bill qui lui donnait existence ayant été, depuis 1823,  
 changé et amendé tous les ans, a été cause que cet Hôpital  
 n'a jamais acquis de stabilité et d'uniformité dans ses opéra-  
 tions. Les difficultés que l'on avait éprouvées dans la pre-  
 mière année de son existence, se sont naturellement renou-  
 velées aussi souvent que ces changemens ont eu lieu. Le

(\*) Le dernier rapport nous apprend qu'au 1er. d'Octobre der-  
 nier, le nombre total de malades dans l'Hôtel-Dieu était de 15 !

premier Bill qui donnait libre accès à tous les Médecins de la ville, était sans doute ce qu'il y avait de plus sage, parce que chacun pouvait y exercer son art en faveur des malades avec plus ou moins de succès, suivant les talens et l'habileté de chacun. Mais, par une fatalité qui s'est développée depuis dans un plus grand jour, la réunion de plusieurs pouvoirs sur les mêmes têtes, fournit à quelques-uns le moyen de contrebalancer sinon d'anéantir ce que d'autres pouvaient acquies de crédit par le seul mérite.

Pour obvier à cet inconvénient, on a depuis conféré le droit d'assister à cet Hôpital aux quatre ou six *plus anciens* Médecins de la ville qui voudraient l'accepter. C'est ainsi que l'on a foulé aux pieds les exemples que nous donnaient tous les établissemens qui ont donné naissance à des hommes distingués dans leur art. On doit à l'âge le respect et la considération, mais le prix du mérite appartient à tous. Que puis-je citer ici les belles paroles du Lord Chatham sur le Huftings, lorsqu'on lui reprochait sa jeunesse pour lui refuser une place dans le Parlement. Que l'on compare les documents que nous a laissés le Dispensaire de Québec, avec ceux de l'Hôpital des Emigrés, on sera étonné de trouver tant de disparité dans deux établissemens de la même ville. C'est que dans le premier il ne fallait que du mérite, et on avait tout le public pour juge, tandis que dans celui-ci, l'âge seul est la première et l'unique qualification requise. C'est ainsi qu'en fermant la porte à l'émulation, on a étouffé dans sa naissance ce puissant mobile des actions humaines. Nous avons pourtant lieu d'être satisfait, en voyant que le zèle et l'attention de ceux que la loi a désignés pour remplir ces offices, ont en grande partie suppléé à ce qu'il y avait de vicieux dans son organisation.

Dans un tel désordre, que pouvait-on espérer ? Il n'y a pas même jusqu'à l'intérêt individuel qui n'ait été mis en jeu. Une clause du Bill de cette année est venu mettre le comble

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l'ignominie, et couvrir d'opprobre le caractère de tous ceux  
que l'on a supposés assez peu délicats pour souscrire à son exé-  
cution. Il est enjoint que six Magistrats formeront les Di-  
recteurs de l'Etablissement, avec le pouvoir de faire telles rè-  
gles qu'ils jugeront à propos. Quatre Médecins, choisis par-  
mi les plus anciens, donneront leurs soins gratis aux malades ;  
mais avant que d'entrer en office, chacun d'eux revêtira de sa  
signature un instrument par lequel il promet et s'oblige de se  
tenir toujours prêt à donner ses soins aux malades, aussi sou-  
vent qu'il en sera requis, de jour et de nuit, et qu'il sera au  
pouvoir des six Magistrats susdits, *de s'enquérir de la con-  
duite des Médecins dans l'Hôpital*, et dans le cas où ils seront  
convaincus que tel Médecin a manqué à quelques-unes des rè-  
gles qu'ils ont le droit de faire conjointement avec les Magis-  
trats, tel Médecin *sera honteusement chassé de l'établissement  
pour tel tems que les dits Magistrats jugeront à propos de  
fixer.*

Le respect que je dois à nos loix, et les sentimens doulou-  
reux qu'une telle injure à ma profession éveille dans mon ame,  
me ferment la bouche à la seule lecture de cet opprobre non  
mérité de notre part ; et je n'oserai pas même en appeler au  
sentiment le plus obtus de nos Législateurs, pour leur deman-  
der s'il est un seul d'entr'eux qui voulût ainsi, avec connais-  
sance de cause, et de propos délibéré, mettre son caractère  
et son honneur entre les mains et à la merci de six individus,  
quelques respectables qu'ils soient, qui décideront sommaire-  
ment, sans appel, et sans autre forme de procès que leur sa-  
tisfaction : et cela pour avoir fait un acte qui devrait mériter,  
je ne dis pas un salaire, mais l'estime et la reconnaissance du  
public entier.

L'honneur, a dit un sage, est l'élément nécessaire aux gran-  
des actions ; et tandis que toutes les classes de la société re-  
clament à l'envie cette prérogative de tout sujet libre, n'y a-  
t-il donc que les Médecins qui ne participeraient pas à un tel

bienfait, sans se montrer insensibles aux cris de l'humanité ? O vous qui vous êtes si souvent montrés jaloux de défendre les justes droits du citoyen, avez-vous cru co. alter l'intérêt des pauvres souffrants, en exigeant de ceux dont vous imploriez un secours que vous les connaissiez incapables de vous refuser, le honteux sacrifice de leur caractère et de leur honneur, pour prix de leurs services ? Le zèle infatigable d'une classe d'hommes, auquel les nations les mieux policées se sont empressées de rendre hommage, et que vous avez si injustement outragé, ne vous donnait-il pas une suffisante garantie que votre confiance ne serait pas frustrée ?

Je détourne mes regards de ce pénible tableau, puisqu'en le parcourant, je ne ferais que mettre en jeu les sensations déchirantes qu'on ne peut s'empêcher d'éprouver, en voyant amoncelés une foule de ses semblables, dont la maladie n'est peut-être pas la seule souffrance. L'humanité outragée par une défiance injurieuse pour ceux qui sont seuls capables d'adoucir ses maux, me ferait dévoiler plus qu'il ne serait nécessaire pour justifier en quelque sorte les préjugés qu'un tel désordre a fait naître contre l'établissement dont je parle.

Mais si des sentimens que je respecte, et une méfiance que je réproouve, ont fait que l'Hôtel-Dieu et l'Hôpital des Emigrés, les deux seuls hospices que nous ayons à Québec pour recevoir les pauvres malades, sont incapables de suffire aux besoins de la population actuelle, les efforts que font les Médecins, surtout depuis quelque tems, me présentent un avenir plus heureux. Cette espérance se ranime d'avantage, lorsque je vois l'intérêt que prend notre Gouvernement dans tout ce qui est capable de mettre en activité les ressources du pays. En effet, la Législature a donné dans maintes circonstances des preuves de son zèle à contribuer à cette fin louable ; et si par faute d'information suffisante, elle a pu commettre quelque erreur sur ce qui paraissait n'être pas de son ressort de mieux connaître, nous avons tout lieu de nous féliciter qu'elle

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ne tardera pas à apporter un remède salutaire à un mal qui  
n'est pas encore sans ressource.

Après avoir démontré la nécessité d'un Hôpital Général à  
Québec, je me suis proposé de faire voir les avantages de l'é-  
tendre à toute la Province ; c'est ce qui m'engagera à dire  
quelque chose des établissemens à Montréal.

Il y a dans cette ville comme à Québec, des Hôpitaux con-  
fiés aux soins des Dames Religieuses, mais comme j'ai déjà  
eu lieu de m'étendre sur les vices que j'apperçois dans leur  
organisation, en parlant de l'Hôtel-Dieu, je passerai à un au-  
tre établissement plus récent, et qui, en même tems qu'il est  
un ornement pour la ville qui le contient, promet aussi les  
plus grands avantages, tant pour ce qui regarde le soulage-  
ment des malades, que pour l'intérêt de la Profession. Je  
dois pourtant regretter que cet éloge ne puisse maintenant  
s'appliquer qu'à sa régie intérieure, et je vais dire pourquoi.

Je me suis permis de dire, en parlant de l'Hôpital des Emi-  
grés, et je ne crains pas d'être contredit, que l'on avait perdu  
de vue le plus grand intérêt de la science, et par conséquent  
des malades, en fermant la porte à certaine partie de la Pro-  
fession, sans égards au mérite et aux talens, et que l'on avait  
par là empêché de se développer cette émulation louable qui  
cherche à acquérir du crédit en se rendant utile aux souffran-  
ces de l'humanité. Le système d'exclusion que j'ai aussi re-  
gretté dans l'organisation de l'Hôtel-Dieu, je suis encore plus  
fâché de le rencontrer dans le *Montreal General Hospital*  
qui, à cela près, doit être rangé au nombre de ceux qui pour-  
raient un jour donner naissance à des hommes distingués dans  
leur art.

Par l'article 3, chapitre VIII, des règles de cet Hôpital, il  
est ordonné que la situation de Médecin ou Chirurgien ne  
pourra être donnée qu'à ceux qui tiendront un Diplôme de  
quelque Université ou Collège dans les limites de l'Empire  
Britannique. Le Canada ne possède ni Université ni Collège,

et l'époque de leur création est peut-être encore bien éloignée. La langue française étant aussi la langue des sept huitièmes de la population en Canada, les élèves en Médecine Canadiens qui sortent du pays pour perfectionner leur éducation, trouvent par conséquent beaucoup plus d'avantage à étudier en France ; tandis qu'une grande partie de l'autre huitième de la population qui parle la langue anglaise, passe aux Etats-Unis. Il est donc très probable que les situations à cet Hôpital ne seront que rarement accessibles aux habitants du pays, et jamais à ceux qui ont acquis leur éducation médicale en Canada.

Je ne me permettrai pas de prêter aucune intention aux fondateurs de cet établissement, mais je dois dire que si l'on avait eu en vue d'exclure de cet établissement tous ceux qui sont nés et élevés en Canada, il n'aurait pas été possible de le faire d'une manière plus efficace et plus directe que par cette résolution même. Personne n'admire et ne respecte plus que moi les qualités et les connaissances que l'on rencontre si fréquemment dans ceux qui ont succé le lait au berceau même de la littérature anglaise ; je voudrais même qu'il fût possible que tous mes concitoyens allassent y puiser les premiers élémens de leurs connaissances ; mais, à l'exemple de ceux qui se montrent dignes d'être nommés les enfans de leur patrie, personne n'est plus jaloux que moi de voir mes concitoyens se montrer les émules de ceux à qui une meilleure fortune a donné tant d'occasions de s'instruire dont nous manquons parmi nous. Que dis-je ? Je me glorifie d'appartenir à un peuple qui a donné des hommes capables, sans avoir eu d'autres occasions que celles que notre pays seul peut fournir, de devenir les rivaux heureux de tant d'autres élevés dans tout le luxe littéraire, et chez qui l'art a presque devancé la nature la plus précoce.

Je ne sortirai pas de Montréal, et je demande quel est celui qui osera disputer la palme, comme chirurgien, à cet illustre



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citoyen dont les succès étonnans dans les opérations les  
formidables de son art, ont déjà pour le moins égalé  
ce que l'on rapporte des haut faits des plus grands maî-  
sur l'ancien et le nouveau continent. Que ne peut-on  
attendre de ses travaux, lorsque l'âge et l'expérience au-  
ont achevé l'ouvrage de la nature dans cet estimable jeune  
homme. Voilà pourtant ce qu'un pays, manquant d'Institu-  
ons, d'Ecoles, d'Universités et de Collèges, a produit. Mais  
pour avoir pris naissance en Canada, et n'en être jamais sorti,  
un homme si utile à l'humanité, si nécessaire même à nos  
hôpitaux, se trouve par là exclus d'un établissement auquel  
serait un ornement, autant qu'il y serait une acquisition  
pour les malades, et pour l'intérêt de la Chirurgie.

Ma tâche est maintenant remplie. En parcourant nos hô-  
pitaux, j'ai aperçu dans tous des abus plus ou moins grands,  
dont plusieurs sont peut-être hors de ressources. L'insuf-  
sance de la plupart d'entr'eux m'a fait désirer que l'on prît  
les moyens pour y suppléer d'une manière plus avantageuse  
pour l'intérêt de l'humanité. Le système d'exclusion dans  
les uns, celui de monopole dans les autres; l'émulation fou-  
de aux pieds, et les talens méconnus; tels sont les maux  
qui présentent encore sur nous, et dont les secours d'une Légis-  
lature éclairée vont bientôt nous affranchir, en accordant aux  
vraux et aux véritables besoins du pays, un établissement où  
tous ces obstacles feront place à un meilleur ordre de choses.  
Tel est le but que je me suis proposé dans cet écrit, et je me  
flatte que mes efforts ne seront pas sans effet.

Si j'ai été sévère dans la critique, on ne me refusera pas au-  
moins d'avoir été juste; car il m'était facile, sans déroger à  
la vérité, de porter plus loin mes remarques, de même que  
je pouvais dire beaucoup plus en témoignages d'approbation;  
mais mon dessein était moins de donner un aperçu complet  
de l'état de nos hôpitaux, que de désigner ce que l'on pouvait  
regarder comme défectueux. Je n'ai donc fait que m'acquit-  
ter d'une partie de mon devoir comme médecin et citoyen.

THE QUEBEC MEDICAL SOCIETY.

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The year which has just elapsed will form a memorable in the scientific history of Canada, as it has given birth to the first attempts which have been made with the view of opening a free intercourse with the literary world, and of promoting the interest and cultivation of Medical science within the limits of our country. It is indeed a happy circumstance which makes it our lot to announce to all our countrymen and to the medical world, the formation of a MEDICAL SOCIETY in Quebec, whilst we can bear evidence to the spirit of concord and unanimity which presided to its organization.

A perusal of its bye-laws and regulations will no doubt be read with satisfaction, and we beg leave to call the earnest attention of all the Profession in Canada, to the advantages which are now opened to them of cultivating, through this medium, a friendly intelligence with all its members, which cannot fail to prove serviceable in many instances.

Every branch of scientific inquiry is yet unexplored in Canada, and an ample harvest will reward the exertions of the attentive observer; and we believe that nothing could produce a more powerful and efficacious excitement towards the further cultivation and improvement of the various branches of the science of nature and of art, than the spirit of liberality which is so prominent throughout all the rules of the Society. No distinction of person or country, no favorite school or graduation, in fine no particular prerogative of age, birth, language or education, which might be made the tools for persecuting talents, can be expected to give any consideration to the Profession which will not exclusively be the reward of true merit.

Under such favourable auspices, we must hail the formation of the QUEBEC MEDICAL SOCIETY, as one of the most

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remarkable events in the scientific history of Canada, which  
will ever be remembered with pleasure by all those who from  
true and pure love of Canadian literature, may in years to  
come, experience the beneficial influence of a Society intend-  
ed for the further progress of the natural sciences, the funda-  
mental and only basis of the science of the Physician.

At a general meeting of the Medical Practitioners of Que-  
bec, held on the 31st of November last, Dr. Joseph Morrin  
in the chair, the following resolutions were proposed, and  
adopted :—

That of all the various classes of society which have a di-  
rect influence on the prosperity of the State, the Medical  
profession having for its object to ensure comfort and hap-  
piness to every individual, must be considered as the most  
beneficial to mankind.

That it becomes the duty of every member of that Profes-  
sion, to unite all their efforts in promoting the science by  
which such a laudable object can be attained.

That the improvements which have lately taken place in  
the Profession of Medicine in this country, enforce on its  
members the necessity of adopting such measures as may  
ensure the further support and protection which the interest  
of Medical Science imperiously require.

That it is the opinion of this meeting, that this desideratum  
can be effectually obtained by an Association of Medical Gen-  
tlemen zealous to promote the cause of Medical Science in  
this part of His Majesty's dominions.

That the members here present do now jointly form them-  
selves into that Association, for the purposes above mentioned,  
under the name and denomination of *The Quebec Medical  
Society*.

That the following resolutions be adopted as the standing  
rules, bye-laws, and constitution of the Society, which shall  
remain permanent, immutable, and irrevocable for the space

of five years, and to which all members present, and those who may in future be added to their number, shall be bound to conform themselves as members or officers of this Society.

RESOLVED unanimously :—

I.—That the members present do hereby constitute themselves into a permanent association to be hereafter designated under the name and denomination of **THE QUEBEC MEDICAL SOCIETY**, the sole object of which is, and shall always be, the dissemination and improvement of the various branches of Medical Science viz : Natural History, Botany, Chemistry, Pharmacy, Materia Medica, Physic, Surgery, Anatomy, Physiology, Medical Jurisprudence, Medical Police, and the Obstetric Arts.

II.—That this Society shall hold its sittings on the first Monday of every month, to which all members shall duly and regularly attend, except on urgent business ; and in case it be a holyday, the sitting will be had the next day.

III.—That no person, except the members and Honorary members, shall, under any pretence whatever, attend any of the sittings, unless especially introduced by the President or the Vice-President, the Secretary, and one of the members ; but such person thus introduced shall not be allowed to take any part in the proceedings of the Society.

IV.—That one President and one Vice-President be appointed annually, at every annual sitting, which shall be held on the first Monday of December of every year, which appointments shall be made by a majority of the votes present.

V.—That the duty of the President shall be, to preside at every sitting, and to maintain order and decorum ; he will be allowed to take a part in the debates like all other members, and at the expiration of his office, shall deliver to the Society an address on some medical subject, which shall become the first order of the day, after the minutes of the last meeting.

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shall not be allowed to take  
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shall have been read; and all such addresses shall be kept as  
records of the Society, to be published by its order.

VI.—That the duty of the Vice-President shall be, to pre-  
side in the absence of the President, subject to the same ob-  
servance, and endowed with the same privileges as the Presi-  
dent himself; the same rule to be observed, whenever, in the  
absence of both, any other member shall take the chair; but  
when the President shall attend, the Vice-President shall then  
take his seat with the other members of the Society.

VII.—That a Secretary be named whose appointment shall  
be perpetual, and in case of his resignation or death, his suc-  
cessor shall be appointed by a majority of three fourths of all  
the members of the Society. His duty shall be, to preserve  
all records, documents, and transactions of the Society; to  
correspond on the part of the Society, with all Medical Socie-  
ties, Universities, Academies, Colleges, or other Medical or  
Scientific Associations or bodies in any country, or with any  
individual out of the Society, whenever such correspondence  
or connexion may appear convenient and practicable, or other-  
wise useful to the objects of the Society.

VIII.—That all communications, documents, papers, pre-  
sents, or other objects which may be forwarded or presented  
to the Society, by or in behalf of any Medical or other Scien-  
tific Association, body, or individual, or by any person whether  
a permanent or honorary member, who shall not communicate  
personally, shall be addressed to the Secretary who will sub-  
mit them to the Society in a due form; or such may be pre-  
sented by any one of the members, in behalf of such Associa-  
tion, body or individual; except where the object shall be a  
regular or essential document of the Society, in which case it  
shall be delivered into the hands of the Secretary, as the pro-  
per channel through which the Society should receive it in  
an official manner.

IX.—That no person shall become a permanent member

of this Society, unless he shall have been proposed by one of the members at a monthly sitting, to be balloted at the ensuing meeting; and if two thirds of the votes be affirmative, each person shall become a member, and if less than that number, he shall be rejected. Provided always that the member proposing him, shall shew to the satisfaction of the Society, that such person is a qualified practitioner according to the intent and meaning of the laws of this province, and that he is actually in practise or residing in, or within a distance of twelve miles of, the city of Quebec.

X.—That no person shall become an Honorary member, unless he shall have been proposed at a monthly sitting, to be balloted at the ensuing meeting, and a majority of the votes present shall be sufficient to admit him, otherwise he shall be rejected.

XI.—That whenever a person shall have been rejected after having been balloted, he shall not be again proposed within the space of one year, but if such person should have been rejected for the want of any of the above qualifications, he shall never be proposed a second time, unless it be satisfactorily proved that he has since acquired such qualification.

XII.—That whenever the President, or the Vice-President shall not attend, the senior member present shall preside ad interim.

XIII.—That it shall be the duty of every member to present alternately a paper on some Medical subject. The senior member shall begin, and at every subsequent meeting, each other member shall follow his example from his seniority, and thus in rotation. The President, Vice-President and Secretary, or all other officers of the Society shall also be included in this performance. And it shall be the duty of the Secretary to give notice, at every meeting, to the members whose duty it shall be to present his paper, and in case of such person being absent at the meeting when his paper is

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every member to present a paper on a special subject. The secretary of the subsequent meeting will select a paper from his senior members. The President, Vice-President and Secretary of the Society shall also be required to present a paper. It shall be the duty of the members attending, to the members of the Society, to the members of the paper, and in case of a paper, when his paper is presented.

XVI.—That it shall be competent for the Society to determine, at any future period and by a majority of the votes present, the propriety of raising a subscription fee from all the members, in order to procure plates, printings, stationary,

books, pamphlets, or any other article required for its use or for the further and proper execution of its object.

XVII.—That no conversation, discussion or motion, bearing on any political or other subject foreign to any of the objects of the Society, as mentioned in the above resolutions, shall, at any future period of its existence, be allowed during any of its sittings; and in case of the person thus proposing such conversation, discussion or motion, refusing to obey the call of order by the President, he shall immediately be dismissed from the Society, and declared incapable and unfit to be again proposed as one of its members.

XVIII.—That no other right or privilege than those provided for in these resolutions, shall ever be understood to be invested on any of the members and officers of this Society, whether they relate to any right or immunity appertaining to any one, in whatever capacity he may be acting; or whether they refer to any species of control of opinion or person over any one of the members, who are all to be considered as perfectly independent of one another, but one is to be dependent on the whole, in as much only as will be essential to the maintenance of order, decency, and decorum.

XXI.—That it shall be competent for the Society to appoint at discretion, Committees for inquiring and reporting on any subject which the Society might, at any time, think proper to investigate; which Committees shall be appointed in the same manner as provided for with regard to all other officers of the Society; they shall in all their proceedings strictly conform themselves to all the rules and regulations of the Society, subject to the same observance and endowed with the same privileges as the Society itself, in as much as may be necessary to good order and decorum, or to the prosecution of their labour. Provided always that, whenever any question shall arise which may relate to any prerogative or to the interpretation of any of these rules and bye-laws, the

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shall proceed no further but call an extraordinary meeting of  
the Society, and lay before it the question or difficulties at  
issue, upon which the Society shall proceed and determine  
according to the literal and true meaning of these rules and  
bye-laws.

XX.—That it shall be competent for any two members  
to call an extraordinary meeting of the Society, by applying  
and submitting their reasons to the Secretary, who shall then  
make them known to the President, whose duty it shall be to  
give immediate order to the Secretary to call such extraordi-  
nary meeting, dictating also the time when it shall be held.

XXI.—That it shall be in the power of any one of the  
members, to introduce any of his friends and acquaintances  
at all annual sittings of the Society, but such person thus in-  
troduced shall not be allowed to take any part in the proceed-  
ings or transactions of the Society.

XXII.—That no proposal or motion tending to alter, des-  
troy or amend any of these rules and bye-laws, either in their  
sense, meaning, or effect, shall be proposed to this Society,  
before the expiration of five years from this date ; and any  
such proposal or motion then made, shall be delivered in  
writing, and deposited with the Society for the inspection of the  
members, during the space of three months, before the Soci-  
ety shall proceed upon it : and all such proposal or motion  
shall be adopted by a majority of three fourths of all the mem-  
bers of the Society, members absent being allowed to vote by  
proxy, or by sending their vote in writing to the Secretary ;  
and should it be once rejected by the want of such majority,  
it shall not be again proposed.

XXIII.—That it shall be competent for the Society to make  
and adopt, at any future period, such rules and regulations,  
or appoint such additional officers, as may be considered use-  
ful ; and all resolutions once adopted, shall not be liable to  
be altered or repealed before the lapse of twelve months from

the date of their adoption. Provided always, that all such proposed motions or regulations shall be consonant with the true spirit and meaning of these rules and bye-laws.

*Monday, 4th. December, 1826.*

**RESOLVED,**

That Dr. JOSEPH MORRIN be elected *President*, and Dr. CHARLES NORBERT PERRAULT *Vice-President*, of the Society for the present year ; and that Dr. XAVIER TESSIER be appointed *Secretary*, according to the 7th. article of the bye-laws of the Society.

That Dr. XAVIER TESSIER be requested to announce in the next number of the QUEBEC MEDICAL JOURNAL, the existence of this Society, and give publicity to the rules and constitution by which it is to be governed ; and that the thanks of the Society be presented to him for this favour.

Jos. MORRIN, *President*.

C. N. PERRAULT, *Vice-President*.

Xav. TESSIER, *Secretary*.

***Rapport de l'état de la Santé Publique durant la dernière Saison.***

Nous avons déjà eu si souvent occasion d'implorer le secours de nos Confrères Praticiens de Québec, pour rendre satisfaisant un aperçu des maladies qui prévalent dans chaque saison, et nous croyons en avoir aussi suffisamment montré les avantages, dans tout le cours de notre volume précédent, qu'à risque de paraître importun, nous ôsons renouveler notre application, sans nous lasser de le faire, jusqu'à ce que nous ayons obtenu quelque faveur à notre demande. Dans le Jour

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, *Secretary*.

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n d'implorer le secours  
pour rendre satisfait  
ent dans chaque saison  
ment montré les avan  
ame précédent, qu'a  
s renouveler notre ap  
jusqu'à ce que nous  
pande. Dans le Jour

du Dr. Duncan pour 1810, ce grand Médecin nous ap-  
prend, qu'ayant résolu de donner un semblable aperçu des  
maladies de chaque saison à Edinbourg, il s'était adressé pour  
cet objet aux Médecins en pratique, pour en obtenir les infor-  
mations nécessaires à son travail. Il avoue cependant que ses  
reines ont été inutiles, et nous regrettons de voir qu'il ait été  
par là contraint d'abandonner cette belle partie de son ouvrage.

Quoique nous n'ayons pas lieu de faire les mêmes plaintes  
que le Médecin Ecossais, vu l'assistance que nous avons plu-  
sieurs fois reçue de nos confrères les plus zélés, nous croyons  
devoir avertir que nous comptons encore sur l'assistance de  
toute la Profession dans nos rapports à l'avenir.

La Table Météorologique que nous avons continué de don-  
ner, est sans contredit la partie la plus importante de notre ta-  
bleau, considérée sous un point de vue philosophique. Ce  
précieux ouvrage, dont nous sommes redevable à notre esti-  
mable ami le Dr. C. N. Perrault, fait le plus grand honneur  
au zèle et aux talens qui ont si éminemment distingué la fa-  
mille de ce savant Médecin ; et nous nous réjouissons de cette  
occasion d'offrir à un membre aussi justement respecté parmi  
nos confrères, le tribut de reconnaissance que nous devons à  
son zèle, et que partageront sans doute avec nous cette classe  
éclairée de nos concitoyens qui aiment à honorer le mérite,  
et à rendre hommage aux talens utiles.

En comparant l'état de la dernière saison avec celui de l'au-  
tomne dernier, on aperçoit autant de variété dans les épidé-  
mies, que dans la constitution atmosphérique. La Rougeole  
et la Coqueluche qui avaient prévalu l'automne dernier, n'ont  
point paru dans cette saison, mais le Croup (*La Grippe*), a  
fait des ravages alarmans, et a moissonné un grand nombre de  
victimes parmi les enfans. Le nombre des mortalités est ce-  
pendant moins dû à la malignité de la maladie, qu'à l'appar-  
ence trompeuse du Catarrhe sous laquelle elle a souvent dé-  
guisé ; ce qui a quelque fois été cause qu'on n'a reconnu la

maladie que trop tard. Nous devons dire encore une fois que le vitriol bleu a réussi par dessus tout autre moyen, et nous apprenons avec plaisir de notre ami le Dr. Ans. Fraser, de St. Vallier, qu'il en a aussi obtenu les succès les plus prononcés.

De même que dans les saisons précédentes, la petite-vérole n'a pas cessé ses ravages, au contraire, elle paraît avoir été plus sévère cet automne que dans toute autre saison de l'année.

L'automne dernier on avait remarqué qu'elle était plus fréquente que dans les saisons précédentes, ce qui porterait à croire que l'automne est la saison convenable à son invasion. En conséquence d'informations reçues des Institutions Royales de Londres, nous sommes autorisé à dire que la Société de Médecine de Québec, dont nous venons d'annoncer la formation, se propose de donner à ce sujet toute l'attention qu'il mérite, et nous espérons que tout le public Canadien donnera à cette entreprise l'appui qu'elle exige.

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### *Medical Lectures.*

We are not a little gratified to witness the spirit for improvement which is rapidly spreading among the members of the Profession. Within a period of twelve months, Quebec has to reckon the commencement of a Medical Journal, the establishment of a Museum of Natural History by our active and intelligent countryman, Mr. Chasseur; the formation of a Medical Society, and Lectures are now given for the instruction of those who, in a few years, may contribute their share towards the perfection of all these important objects.

Our friends at Montreal, although wanting some of the above Institutions, have also felt the impulse imparted to genius, for the cultivation of science, as we have the pleasure to witness the efforts which are making to render the Pro-

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 Medical Gen  
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 Dr. Frs. I  
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 To Dr.  
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profession respectable and truly useful to mankind. Four Medical Gentlemen, viz : Drs. Caldwell, Robertson, Stephenson and Holmes, have, since a few years, been engaged in giving lectures on various departments of Medical Science, and the success which they have encountered, is a flattering testimony of their qualifications to the task. We must, however, deplore that some defect complained of by the great majority of the Profession in Montreal, should have given rise to a spirit of division, which we fear is to be referred to political dissensions kept up by national prejudices.

Situated at such a distance, we are not sufficiently conversant with the grounds of complaint, to give an opinion ; but we flatter ourselves, and we earnestly entreat our Professional brethren of Montreal, to endeavour to make up by mutual concessions, and revive that friendly understanding without which the Profession must be degraded in its members, and obstacles to their own improvement, daily and constantly renewed. Such is the high opinion which we entertain of their good sense, that we have no hesitation in expressing our hope that these unfortunate failures will soon give way to concord and unanimity. Fortunately for the Profession, we are not similarly situated in Quebec, and not a dissenting voice has been raised, whenever the interest of the science was at all concerned. The Lectures which are now delivering in the presence of the most distinguished characters both in and out of the Profession, are a striking and gratifying evidence of the liberal dispositions of the Medical Practitioners in this city.

There are at present in Quebec two Gentlemen delivering lectures on Chemistry, and one on Anatomy and Physiology. Dr. Frs. Blanchet is lecturing at the Emigrant Hospital, and Dr. J. Whitelaw at the old Theatre.

To Dr. Blanchet, the Profession is much indebted for his indefatigable exertions, both as a Member of the Legislature

and as a Medical man. In the former capacity, however, we must regret to say that his principles have sometimes differed from the majority of his brethren, but as a Medical man, we are confident we express the opinion of all the Profession in saying, that his unremitting efforts have not a little contributed to raise the Profession to its present improved state among us.

Dr. Blanchet also has the credit of being the first Canadian Medical Author. His work on the application of Chemistry to the science of Medicine, was promising a very useful member to his profession ; and we acknowledge with pleasure that an unremitting study of Chemistry since that period, must render his lectures highly scientific and interesting to the hearer, should his age and unwearied occupations permit him to prosecute still further his exertions in cultivating a science in which he has rendered himself so proficient.

## METEOROLOGICAL TABLE

FOR THE AUTUMNAL SEASON OF 1826, AT QUEBEC.

SEPTEMBER.

DATE	MOON.	THERMOMETER.			WINDS.				ATMOSPHERE.		
		8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.		8 A.M.	3 P.M.	8 P.M.
23	(	44	52	46	N	EN	EN	E	cloudy	clear	cloudy
24		44	52	46	N	EN	EN	E	clear	clear	clear
25		44	54	48	N	EN	EN	E	clear	clear	clear
26		50	54	52	S	WS	ES	E	clear	rain	rain
27		54	60	54	S	ES	EN	E	rain	rain	rain
28		56	64	54	N	ES	WS	W	cloudy	cloudy	rain
29		54	58	52	S	WS	WS	W	cloudy	show.	cloudy
30		52	56	48	S	WS	WS	W	cloudy	rain	cloudy

capacity, however, we  
 ve sometimes differed  
 s a Medical man, we  
 all the Profession in  
 ve not a little contri-  
 esent improved state

being the first Cana-  
 e application of Che-  
 promising a very use-  
 knowledge with plea-  
 stry since that period,  
 fic and interesting to  
 ried occupations per-  
 rtions in cultivating a  
 elf so proficient.

METEOROLOGICAL TABLE FOR MONTREAL.

119

The other Lecturer on Chemistry is Dr. Whitelaw. Had  
 not the advantage of a personal acquaintance with this Gentle-  
 man, afforded us an opportunity of being convinced of his ex-  
 tensive knowledge as a Medical man and as a Chemist, the un-  
 exampled satisfaction which his first lectures have created in  
 the minds of all competent judges, give an ample testimony  
 of his superior merits as a Lecturer. The plan of his intend-  
 ed course, and his unfastidious delivery, will greatly contri-  
 bute to render it highly profitable under so able a master.

The Anatomical lectures delivered by Dr. Douglass, equal,  
 in our opinion, what is to be expected even in the most an-  
 cient Colleges, and the best regulated schools. We do not  
 hesitate to pronounce his Introductory Lecture the most  
 elaborate history of comparative Anatomy which we have ever  
 heard or read. We must then regret that the students of Me-  
 dicine do not sufficiently avail themselves of this precious token.

TABLE

1826, AT QUEBEC.

METEOROLOGICAL TABLE

FOR THE AUTUMNAL SEASON OF 1826, AT MONTREAL.

SEPTEMBER.

ATMOSPHERE.			THERMOMETER.				BAROMETER.				ATMOSPHERE.	
8 A.M.	3 P.M.	8 P.M.	DATE.	7 A. M.	3 P. M.		7 A. M.	3 P. M.				
cloudy	clear	cloudy	23	41	X		30	23		30	27	—Fair.
clear	clear	clear	24	40	"		30	31		30	37	—Fair.
clear	clear	clear	25	39	"		30	33		30	25	—Fair.
clear	rain	rain	26	48	"		30	21		30	13	—Rain.
rain	rain	rain	27	57	"		29	91		29	87	—Rain.
cloudy	cloudy	rain	28	63	"		29	72		99	71	—Rain.
cloudy	show.	cloudy	29	52	"		29	74		29	70	—Showers.
cloudy	rain	cloudy	30	51	"		29	88		29	91	—Fair.

## OCTOBER.

DATE.	MOON.	THERMOMETER.			WINDS.				ATMOSPHERE.			THER.	
		8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.	7 A. M.		
1	☉	40	54	46	N	E	S	W	rain	cloudy	clear	43	×
2		44	58	50	S	W	S	W	cloudy	clear	cloudy	42	"
3		44	50	44	S	W	S	W	cloudy	clear	cloudy	38	"
4		40	48	44	S	W	S	W	cloudy	cloudy	clear	43	"
5		38	52	46	N	W	N	W	clear	clear	clear	44	"
6		48	70	54	S	W	S	W	clear	clear	clear	49	"
7		46	54	54	N	E	S	W	cloudy	thund.	cloudy	62	"
8	☾	40	50	44	N	W	N	W	cloudy	clear	clear	38	"
9		44	50	46	S	W	S	W	cloudy	rain	rain	40	"
10		38	48	40	N	W	N	W	clear	clear	clear	37	"
11		36	56	50	N	W	S	W	clear	clear	cloudy	32	"
12		44	58	50	S	E	S	E	cloudy	cloudy	cloudy	43	"
13		48	60	46	S	W	N	E	clear	clear	clear	41	"
14		44	50	46	N	E	N	E	cloudy	clear	cloudy	42	"
15	☉	42	51	44	N	E	N	E	foggy	cloudy	cloudy	44	"
16		48	54	56	N	E	S	W	rain	rain	cloudy	44	"
17		48	56	46	S	W	S	W	clear	clear	clear	46	"
18		44	54	52	S	W	N	E	cloudy	clear	cloudy	45	"
19		50	50	44	S	E	N	W	rain	clear	clear	48	"
20		41	52	46	N	W	S	W	cloudy	clear	cloudy	44	"
21		48	51	50	S	W	S	W	rain	cloudy	cloudy	46	"
22		45	48	44	N	E	N	W	rain	clear	clear	43	"
23	☾	34	44	40	N	W	N	W	clear	cloudy	cloudy	32	"
24		40	42	30	S	W	N	W	cloudy	cloudy	clear	33	"
25		32	36	34	N	W	N	W	clear	clear	snow	29	"
26		36	38	34	N	E	N	W	sleet	cloudy	clear	29	"
27		32	35	32	N	W	N	W	cloudy	clear	clear	26	"
28		34	46	40	N	W	N	E	clear	cloudy	rain	33	"
29		48	54	50	S	E	S	E	cloudy	cloudy	rain	46	"
30	☉	44	40	35	N	W	N	W	rain	cloudy	cloudy	42	"
31		32	38	34	N	W	N	W	clear	clear	clear	29	"

OCTOBER.

ATMOSPHERE.			THERMOMETER.		BAROMETER.		ATMOSPHERE.
A.M.	3 P.M.	8 P.M.	7 A. M.	3 P. M.	7 A. M.	3 P. M.	
rain	cloudy	clear	43 X	58 X	29 98	29 03	—Fair.
cloudy	clear	cloudy	42 "	69 "	30 13	29 91	—Fair.
cloudy	clear	cloudy	38 "	59 "	29 71	30 04	—Rain.
cloudy	cloudy	clear	43 "	57 "	29 99	30 15	—Fair.
clear	clear	clear	41 "	65 "	30 26	30 21	—Fair.
clear	clear	clear	49 "	79 "	30 82	29 95	—Fair.
cloudy	thund.	cloudy	62 "	74 "	29 11	29 78	—Rain.
cloudy	clear	clear	38 "	70 "	29 89	29 93	—Fair.
cloudy	rain	rain	40 "	66 "	30 15	30 27	—Fair.
clear	clear	clear	37 "	55 "	30 36	30 41	—Fair.
clear	clear	cloudy	32 "	62 "	30 47	30 49	—Fair.
cloudy	cloudy	cloudy	43 "	62 "	30 44	30 27	—Fair.
clear	clear	clear	41 "	65 "	30 35	30 23	—Fair.
cloudy	clear	cloudy	42 "	64 "	30 22	30 15	—Fair.
foggy	cloudy	cloudy	44 "	75 "	30 07	29 95	—Fair.
rain	rain	cloudy	41 "	66 "	29 75	29 79	—Rain.
clear	clear	clear	46 "	61 "	29 96	30 12	—Fair.
cloudy	clear	cloudy	45 "	67 "	30 17	30 06	—Fair.
rain	clear	clear	48 "	58 "	29 73	29 85	—Fair.
cloudy	clear	cloudy	44 "	66 "	29 87	29 86	—Fair.
rain	cloudy	cloudy	46 "	64 "	29 79	29 76	—Rain.
rain	clear	clear	43 "	47 "	29 87	30 03	—Fair.
clear	cloudy	cloudy	32 "	47 "	30 11	30 07	—Fair.
cloudy	cloudy	clear	33 "	44 "	29 99	30 17	—Fair.
clear	clear	snow	29 "	43 "	30 27	30 14	—Snow.
reet	cloudy	clear	29 "	40 "	29 83	29 91	—Snow.
cloudy	clear	clear	27 "	42 "	30 21	30 33	—Fair.
clear	cloudy	rain	33 "	43 "	30 21	30 11	—Rain.
cloudy	cloudy	rain	46 "	60 "	29 79	29 67	—Rain.
rain	cloudy	cloudy	42 "	40 "	29 63	29 81	—Fair.
clear	clear	clear	29 "	43 "	30 07	30 03	—Fair.

## NOVEMBER.

DATE.	MOON.	THERMOMETER.			WINDS.					ATMOSPHERE.			
		8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.			
1		38	40	44	N	E	N	E	S	W	hail	rain	cloud
2		36	42	38	S	W	S	W	N	E	clear	clear	cloud
3		36	36	28	S	W	N	W	N	W	rain	cloudy	clear
4		26	34	32	N	W	N	W	N	W	clear	cloudy	cloud
5		22	34	34	N	W	N	W	N	W	clear	clear	cloud
6	☾	32	38	32	N	W	N	E	N	E	clear	cloudy	snow
7		34	42	40	S	E	S	W	S	W	rain	cloudy	rain
8		32	36	43	S	W	S	W	N	W	cloudy	cloudy	cloud
9		28	36	36	S	W	S	W	N	E	clear	cloudy	cloud
10		36	36	40	N	E	N	E	N	E	rain	sleet	rain
11		36	42	38	S	W	S	W	S	W	cloudy	clear	cloud
12		39	34	28	S	E	N	W	N	W	rain	cloudy	clear
13		20	23	20	N	W	N	W	N	W	clear	clear	clear
14	☾	18	22	24	N	W	N	E	N	E	cloudy	snow	snow
15		28	30	34	S	E	S	W	S	W	snow	snow	cloud
16		35	42	36	S	W	S	E	S	W	cloudy	cloudy	rain
17		35	38	39	N	E	N	E	N	E	rain	rain	rain
18		42	34	28	S	W	S	W	N	W	cloudy	cloudy	clear
19		22	26	22	N	W	N	W	N	W	cloudy	clear	clear
20		23	30	28	N	E	N	E	N	E	cloudy	cloudy	snow
21		27	30	28	N	E	N	E	N	E	cloudy	cloudy	cloud
22	☾	28	29	26	N	E	N	E	N	E	cloudy	clear	cloud
23		22	29	26	S	W	S	W	S	W	cloudy	cloudy	cloud
24		26	27	25	S	W	S	W	S	W	snow	snow	cloud
25		23	29	26	S	W	S	W	S	W	snow	cloudy	clear
26		23	32	38	S	W	N	E	N	E	cloudy	cloudy	cloud
27		39	42	38	N	E	S	W	S	W	rain	cloudy	cloud
28		36	38	28	S	E	S	W	S	W	cloudy	cloudy	cloud
29	☾	38	32	34	S	W	S	W	S	W	cloudy	snow	snow
30		35	38	36	S	W	S	W	S	W	cloudy	cloudy	cloud



NOVEMBER.

ATMOSPHERE.			THERMOMETER.		BAROMETER.		ATMOSPHERE.
8 A.M.	3 P.M.	8 P.M.	7 A. M.	3 P. M.	7 A. M.	3 P. M.	
hail	rain	cloudy	43	×	54	×	29 81 29 87 —Rain.
clear	clear	cloudy	36	„	48	„	29 76 29 79 —Fair.
rain	cloudy	clear	35	„	35	„	30 47 30 58 —Fair.
clear	cloudy	cloudy	26	„	35	„	30 26 30 29 —Fair.
clear	clear	cloudy	25	„	40	„	30 38 30 41 —Fair.
clear	cloudy	snow	30	„	40	„	30 41 30 33 —Rain.
rain	cloudy	rain	35	„	50	„	29 71 29 67 —Rain.
cloudy	cloudy	cloudy	33	„	35	„	29 69 29 93 —Fair.
clear	cloudy	cloudy	32	„	44	„	30 13 30 07 —Fair.
rain	sleet	rain	36	„	41	„	30 00 29 93 —Rain.
cloudy	clear	cloudy	38	„	42	„	29 74 29 91 —Fair.
rain	cloudy	clear	27	„	39	„	29 87 29 95 —Fair.
clear	clear	clear	24	„	30	„	30 16 30 37 —Fair.
cloudy	snow	snow	23	„	22	„	30 38 30 13 —Snow.
snow	snow	cloudy	30	„	40	„	29 65 29 67 —Rain.
cloudy	cloudy	rain	36	„	45	„	29 91 29 92 —Fair.
rain	rain	rain	38	„	55	„	29 85 29 83 —Rain.
cloudy	cloudy	clear	33	„	30	„	29 38 29 56 —Fair.
cloudy	clear	clear	18	„	30	„	30 25 30 37 —Fair.
cloudy	cloudy	snow	28	„	36	„	30 43 30 48 —Fair.
cloudy	cloudy	cloudy	24	„	31	„	30 57 30 33 —Fair.
cloudy	clear	cloudy	27	„	34	„	30 27 30 15 —Fair.
cloudy	cloudy	cloudy	25	„	26	„	29 91 29 89 —Fair.
snow	snow	cloudy	22	„	25	„	29 92 29 96 —Fair.
snow	cloudy	clear	23	„	32	„	29 96 29 99 —Fair.
cloudy	cloudy	cloudy	25	„	30	„	30 00 29 63 —Rain.
rain	cloudy	cloudy	32	„	40	„	29 45 29 83 —Fair.
cloudy	cloudy	cloudy	32	„	35	„	30 02 29 91 —Snow.
cloudy	snow	snow	31	„	35	„	29 71 29 73 —Fair.
cloudy	cloudy	cloudy	33	„	42	„	29 73 29 69 —Fair.

## DECEMBER.

DATE	MOON.	THERMOMETER.			WINDS.						ATMOSPHERE.		
		8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.
1		34	34	30	N	E	S	W	S	W	snow	cloudy	snow
2		25	18	12	S	W	S	W	N	W	snow	cloudy	clear
3		10	18	16	N	W	N	W	N	W	clear	clear	clear
4		8	22	16	N	W	N	W	N	W	clear	clear	clear
5		12	28	25	N	W	N	W	S	W	clear	clear	clear
6	D	22	36	34	S	W	S	W	N	E	clear	cloudy	cloudy
7		34	36	36	S	W	S	W	S	W	snow	cloudy	cloudy
8		34	38	36	N	E	N	E	N	E	cloudy	cloudy	cloudy
9		41	44	40	S	E	S	E	S	E	rain	cloudy	rain
10		36	40	34	N	E	N	E	N	E	rain	rain	rain
11		34	33	32	S	W	S	W	S	W	cloudy	snow	cloudy
12		32	24	34	S	E	S	W	S	W	cloudy	snow	snow
13		20	20	12	N	W	N	W	N	W	clear	clear	clear
14	O	14	14	14	N	W	N	W	N	W	cloudy	clear	clear
15		22	30	30	S	W	S	W	S	W	cloudy	snow	cloudy
16		30	32	34	N	E	N	E	N	E	snow	cloudy	cloudy
17		34	40	40	N	E	S	W	S	W	thund.	clear	clear
18		32	28	26	S	W	S	W	S	W	clear	clear	cloudy
19		17	21	10	N	E	S	W	N	W	cloudy	cloudy	clear
20		10	16	12	N	W	N	W	N	W	cloudy	clear	clear
21		16	12	12	N	W	N	E	N	E	cloudy	cloudy	storm.

## NOTICE TO NATURAL PHILOSOPHER.

Any document, however unworthy of notice it may appear relative to the state of the atmosphere, or to the prevailing diseases in any part of our country, at all seasons of the year will be thankfully and gratefully received by the Editor of this Journal. Such as might be disposed to comply with this request, will be presented with a complete set of instruments for the purpose, with also suitable directions and formulae by which this labour may become a very instructive amusement without occasioning neither trouble nor expence.

Nothing in this department will be void of interest for the Medical Journal, whether in the shape of note or otherwise.

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public, les  
principes i  
Général, no  
Notre cor  
se rencontra  
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cente, pourv

DECEMBER.

ATMOSPHERE.			THERMOMETER.		BAROMETER.		DATE.	ATMOSPHERE.			
8 A.M.	3 P.M.	8 P.M.	7 A. M.	3 P. M.	7 A. M.	3 P. M.					
snow	cloudy	snow	1 29	×	32	×	1	29	96	29 80	—Snow.
snow	cloudy	clear	2 25	„	17	„	2	29	89	29 98	—Fair.
clear	clear	clear	3 10	„	15	„	3	30	21	30 29	—Fair.
clear	clear	clear	4 11	„	21	„	4	30	43	30 45	—Fair.
clear	clear	clear	5 14	„	23	„	5	30	48	30 43	—Fair.
clear	cloudy	cloudy	6 20	„	42	„	6	30	36	30 27	—Rain.
snow	cloudy	cloudy	7 34	„	40	„	7	30	25	30 23	—Fair.
cloudy	cloudy	cloudy	8 33	„	52	„	8	30	03	29 74	—Fair.
rain	cloudy	rain	9 40	„	45	„	9	29	75	29 73	—Fair.
rain	rain	rain	10 32	„	35	„	10	29	66	29 39	—Sleet.
cloudy	snow	cloudy	11 30	„	33	„	11	29	59	29 98	—Snow.
cloudy	snow	snow	12 31	„	35	„	12	30	08	29 56	—Snow.
clear	clear	clear	13 25	„	27	„	13	29	69	29 87	—Fair.
cloudy	clear	clear	14 9	„	17	„	14	30	08	30 29	—Fair.
cloudy	snow	cloudy	15 28	„	37	„	15	30	09	30 02	—Fair.
snow	cloudy	cloudy	16 32	„	32	„	16	30	01	29 99	—Fair.
thund.	clear	clear	17 35	„	43	„	17	29	92	29 69	—Rain.
clear	clear	cloudy	18 33	„	35	„	18	29	81	29 86	—Fair.
cloudy	cloudy	clear	19 14	„	16	„	19	29	79	29 77	—Fair.
cloudy	clear	clear	20 08	„	13	„	20	30	01	30 15	—Fair.
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AUX CORRESPONDANS.

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En conséquence de notre invitation à toute la Profession, désirant leur avis sur tous nos établissemens en Canada, dont il nous était important de connaître les rapports avec le bien public, les écrits reçus s'accordant à tous égards avec les principes invoqués par l'auteur de l'Essai sur un Hôpital Général, nous avons cru devoir les supprimer.

Notre correspondant nous autorise de plus à dire, que s'il se rencontrait qu'elqu'un hors de la Profession, qui serait disposé à diviser d'opinion avec lui sur aucun de ses avancés, il sera toujours prêt à soutenir une discussion honnête et décente, pourvu qu'il ait le public pour juge.

## BIOGRAPHICAL NOTICES.

*The Medical Recorder of Original Papers and Intelligence in Medicine and Surgery.*—Conducted by SAMUEL COLHOUN, M. D. Member of the American Philosophical Society, Corresponding Member of the Medical Society of London, &c. Assisted by an Association of Physicians in Philadelphia, New-York, Baltimore, and Norfolk. Published by James Webster, No. 24, South Eighth Street, Philadelphia. Price 5 dollars per annum. Agent for Quebec, Mr. François Lemaitre. In exchange. pp. 220 in each Number. Quarterly.

Our Number was nearly completed, when we were favoured with No. 36 of this highly celebrated periodical work. Although we never had the advantage of perusing this Journal before, we had several times heard it spoken of in very high terms. This opportunity, however, from what we have had time to read in some parts of it, confirms and even surpasses what we had conceived of its importance, and we are convinced that its value cannot be too much appreciated by every well-wisher to the cause of science, and that its constant perusal will be found an abundant source of useful information. We will prepare extracts from it for our next number.

*The New-York Medical and Physical Journal, Nos. 17, 18 & 19.*—Edited by John B. Beck, M. D. Daniel L. M. Peixotto, M. D. and John Bell, M. D. For July, August, and September, 1826. Price 4 dollars per annum. In exchange. pp. 136 in each Number. Quarterly.

We have several times expressed our opinion of this Journal, and beg leave to acquaint those of our readers in this country, who might feel disposed to become subscribers to it, that no Agent having been as yet appointed for Canada, applications are to be made to MM. E. Bliss and E. White, No. 123 Broadway, New-York.

*The North American Medical and Surgical Journal.*—Conducted by Hugh L. Hodge, M. D. Franklin Bache, M. D. Chrs. D. Meigs, M. D., B. H. Coates, M. D., and B. La

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Roche M. D. No. III, July, 1826. Philadelphia. In exchange. pp. 216 in each Number. Price 5 dollars per annum. Quarterly.

There being also no Agent in this country for this Journal, application is to be made to M. J. Dobson, No. 103, Chestnut-Street, Philadelphia.

To those of our subscribers who might be prevented from subscribing to any of these Journals from the difficulty of procuring them, we readily offer our services in transmitting their request to any of the above accredited Agents.

Examination of a work entitled, *Recherches pratiques sur la Fièvre Jaune*.—Par A. J. Dariste, M. D. of the Royal Academies of Paris, &c. Respectfully presented to the Director, Sr. Dr. Dn. Jose Maria Varo, to the President, Vice-President, Secretaries and Members of the Academy of Practical Medicine of Mexico, by their most obedient and much honoured Fellow-corresponding Member, Felix Pascalis, M. D.

Remarks on the Theory of Pain.—By the same author.

The former of these being less interesting to the Canadian readers, we will insert the latter in our next number.

Paris, 16 Aout, 1826.—On assure que la Police a fait saisir un ouvrage intitulé : *Biographie des Médecins Français*. Un Médecin estimable et éclairé, M. R. Th. H. Laennec, est mort le 13 de ce mois, à Kerlouarnec, près Donarnené, dans le Finistère. Il était né à Quimper en 1781. Ce grand homme est bien connu dans tout le monde, et sa perte est vivement ressentie par tous les amis des sciences.

#### TO AUTHORS AND PUBLISHERS.

The Editor respectfully solicits an exchange with all Editors and Publishers of Medical or other scientific and literary periodical publications, whatever be their shape or size, or their distance from Quebec. They may be sent by Post, with this address, "Dr. Tessier, Quebec."

Authors are earnestly requested to send their work for notice and analysis it this Journal.

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# THE Quebec Medical Journal.

APRIL, 1827.

## CRITICAL ANALYSIS.

*Elements of Medical Jurisprudence.*—By THEODORIC ROMEYN  
 BECK, M. D. Professor of the Institutes of Medicine, and  
 Lecturer on Medical Jurisprudence in the College of the  
 Western District of the State of New-York, &c. &c. Second  
 Edition, with Notes, and an Appendix of original cases and  
 the latest discoveries.—By WILLIAM DUNLOP, M. R. C. S.  
 L. Member of the Medico-Chirurgical, and of the Werner-  
 ian Society of Natural History, Edinburgh ; Lecturer on  
 Medical Jurisprudence, &c. &c. pp. 640 London, 1825.

When concluding a partial analysis of this work in our  
 last, we were in hope that the new Edition, now preparing  
 for the press, would have made its appearance before the  
 period allotted for this Number ; but as we have been too  
 precipitate in this anticipation, we shall notwithstanding,  
 proceed on the subject of Medical Jurisprudence in this and  
 other subsequent numbers, untill all its departments shall  
 have been brought into view ; and whilst we comply with

the wishes of a great portion of our readers in this arrangement, we feel confident their benefit will be better consulted by presenting, as much as possible, Dr. Beck's own ideas which happily seldom if ever, afford room for criticism or even illustration, although our limits compel us to be more concise.

The chapter on *wounds on the living body*, deserves our earliest attention, as it may tend to throw some light on the various questions which may occasionally present themselves in the several departments of the science under consideration. The term *WOUND*, in legal medicine, is understood to comprise all kinds of accidents, such as bruises, contusions, fractures, dislocations, &c. &c. The cases of recovery from the most dreadful wounds, and instances of death from apparently slight ones, may influence the medical witness in urging that a dangerous wound has proved fatal through ignorance or neglect. Here Dr. Beck says: "Such power is too extensive and too important to be granted to every medical witness, and whatever we take from his hands, and refer to sound principles and general rules, is a solid gain to the cause of truth and justice."

A wound may not be mortal by itself, but become so by accident, and *vice versa*, thus, a small portion of the omentum, or the fat of the intestine, may so place itself in the mouth of a wounded blood-vessel in the belly, as to prevent a hæmorrhage, while, if not thus obstructed, it would be mortal. Bohn remarks that it has never been demonstrated and indeed in the nature of things it can never be proved that a wound from which there is a recovery, is precisely similar to one which has proved fatal, although externally they may be similar in every respect. In the one case, there can be no dissection to prove its nature, and, in the other, there may have been many peculiar circumstances not attendant on the former. This observation is in itself a sufficient

readers in this arrangement will be better consulted. Dr. Beck's own ideas are a room for criticism and compel us to be more careful. A body, deserves no more light on the point than usually present themselves of the science under consideration in legal medicine, accidents, such as bruises, &c. &c. The cases of wounds, and instances of influence the medical sound has proved fatal. Dr. Beck says: "Such a case is important to be granted a share from his hands. A general rule, is a solid rule, but become so by a portion of the omen, so place itself in the belly, as to prevent extraction, it would be demonstrated. It can never be proved recovery, is precisely, although externally. In the one case, the are, and, in the other circumstances not attended is in itself a sufficient

answer to the argument already referred to, of proving the possibility of recovery from dangerous wounds, by a reference to similar instances." Two persons may receive a wound in the stomach or on the head, which will occasion the same consequences, *ceteris paribus*, and exhibit a precisely similar train of symptoms, still, the one may recover, while the other will die. Hence it appears that the mortality of wounds can only be founded on anatomical and physiological data, and not on analogy.

Dr. Beck divides wounds into *mortal*, *dangerous*, and *light*. Among the first, must be ranked those which are beyond the controul of surgical means, such as extensive injuries of the brain, the spinal-marrow; a division of the eighth pair of nerves; a blow at the pit of the stomach; and an infinite variety of others which are inevitably fatal even when a prompt assistance is procured. To the second class belong those which, without indicating immediate danger, may notwithstanding prove fatal from the absence of surgical aid in time, and where the part injured is surrounded by nerves and muscles, or if the injury be near a joint, &c.—But it will appear that this division is an arbitrary one, as circumstances independent of the injury inflicted, may cause a slight wound to become dangerous—and a dangerous one, mortal. Thus the state of the constitution, such as intoxication, disease or unnatural state of some parts, &c. are to be strictly attended to.

Dr. Beck suggests whether a severe injury to the head will not of itself sometimes occasion a high degree of redness in the mucous coat of the stomach, without any injury having been affixed to the latter viscus. This idea is elucidated by cases of apoplexy, related in the *New-England Journal*, vol. 1, p. 34, by Dr. J. C. Warren.

The atmosphere, the air of Hospitals, a prevailing epidemic or pestilence, the negligence or ignorance of the Surgeon and

other attendants, may also very materially influence the fatality of wounds, and ought therefore, to be carefully investigated. Mahon says, that in some hospitals, particularly the Hotel-Dieu of Paris, trepanning is almost always mortal.

Injuries of the brain are always serious, as well as those of the cranium; but their fate is uncertain, for persons will recover under extensive injuries, as proved by a remarkable case related by Dr. Morrin, in the 3rd. No. of this Journal, while others will sink under very slight wounds. Wounds of the eyes are also deemed dangerous, from the intimate connexion of these organs with the brain. "A sharp-pointed instrument has sometimes penetrated the nose, touched the brain, and hence proved fatal. Wounds of the internal ear may also destroy hearing, and from their vicinity to the brain, prove dangerous. In the division of the frænum linguae in children, the ranular artery has also bled to death.

Penetrating wounds of the thorax are not in general dangerous, unless combined with fracture of the ribs, or the rupture of some blood-vessels, or with emphysema, particularly when the injury has been inflicted at the upper part of the thorax, or at the posterior side near the junction of the ribs with the vertebræ. The Editor relates the case of Sergeant Verney, of the 89th Regt. who, at the battle of the Falls of Niagara, received a shot which entered about an inch and a half on the right side of the sternum, and came out behind, about the same distance from the spine, from which he recovered completely. The lungs are also subject to concussion, which is termed *wind concussion*, and is usually fatal. Fractures, luxations, and contusions of the vertebral column are all highly dangerous.

Wounds of the heart are not always immediately mortal. A British soldier in Spain survived thirteen days with a musket ball in his heart. The reason is that in some cases, the forcing body prevents by its closing the aperture, the fatal

ially influence the fatality of wounds, and should be carefully investigated. Wounds of the thoracic duct, of the lower part of the œsophagus, of the azygos, and of the diaphragm, are considered fatal.—The prognostic in wounds of the lungs should in general be delayed, as the cases of recovery from desperate ones are so numerous, that we can never be justified in peremptorily declaring any particular instance a mortal wound. Wounds from fire-arms are, however, always more hazardous than those from cutting or sharp-pointed instruments. There is a contrariety of opinion respecting the danger attendant on wounds of the stomach, as some have recovered from extensive injuries of that viscus, and after the operation of gastrotomy, whilst others have been killed by a slight blow on the stomach, the fatality of which has been attributed to the region of the stomach being the seat of the solar plexus, and of the semi-lunar ganglion, parts essential to life. Wounds of the small intestines are more dangerous than those of the larger, as are also those accompanied by an effusion of some of the contents of the viscera, such as the fluid of the gall-bladder, the urine, the fæces, or a rupture of some blood-vessel. Injuries of the spleen may become fatal by the loss of blood, although that viscus has sometimes been removed from the body without inconvenience to the patient. In general, the fatality of wounds results from the degree of injury to a function more or less essential to the support of life. It has also been remarked that the small intestines seem to possess some of the irritable sympathy so conspicuous in the stomach—death being brought on by some unaccountable cause where they are only slightly injured.

In wounds of the extremities, where the muscular fibres are divided transversely, or where syphilis and scrofula are present, the cure may be tardy, but wounds of the arteries and veins are not at the present day considered dangerous by modern surgeons, if timely aid be afforded. Hence in a

multitude of instances, it becomes even impossible to decide whether the wound which the surgeon is called upon to examine, is absolutely mortal.

We have thus far endeavoured to lay before our readers a comprehensive view of Dr. Beck's sentiments on wounds, and it may be proper for us to pause in this place before we take leave of the subject. Medical witnesses are often called into a Court of Justice, for the sole object of extorting from them opinions tending to lay obstacles in the elucidation of truth whereby a guilty prisoner may escape a merited punishment and vice-versâ. We do not deem it a satisfactory answer to say with Mr. Hobbs, when asked whether the wounds in question are mortal or not, that *there never was a wound but it might prove mortal*. If the science of the Physician did not extend beyond ordinary conjectures, there would certainly be but few individuals who would place in his testimony that confidence which a Surgeon is competent to expect from a Jury. It is however, extremely difficult, and writers have considered it impossible, to lay down a general rule, with respect to the mortality of wounds, which would not admit of exceptions in particular cases; and although it cannot be determined how far nature and art can operate, yet, physiological science furnishes us with a correct idea of the conditions necessary for the support of life: and it is from a knowledge of them that the Physician can deduce certain data beyond which life is not expected to be maintained. Hence the division introduced by Dr. Beck, of dangerous and mortal wounds, appears the most judicious, as it tends to establish the distinction which is the subject of these inquiries. Medical science is now enriched with such valuable observations that the practitioner is, or ought to be, acquainted with the different circumstances capable of imparting a deadly condition to a wound apparently harmless; and in all such cases death can only be considered a secondary effect of the violence offered.



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On the other hand, some very eminent Jurists pretend, and we have heard it from the mouth of a distinguished Judge in Quebec, that, as it is frequently impossible to establish the intention of murder which qualifies that crime in the eyes of the law, an assailant is held responsible of the consequences which may arise from the violence committed, however slight it might be at first ; and as it is equally certain that a wound which is harmless in one case, may prove mortal in another, a knowledge of the distinction between mortal and dangerous wounds, could not be very material in the general trial for murder, since the denomination of the crime would rest on the better chance of recovery, which some constitutions are known to possess over others. We are laid to believe, on the contrary, that a proper attention to the circumstances attending an injury, will sufficiently point out the natural consequences to be expected from them, with a view to facilitate the due execution of the laws, and we shall only say that the Coventry act itself does not appear to afford those satisfactory explanations of the different denominations of crimes which it embraces, whereby the Physician can actually co-operate in the due execution of its objects, upon the principles by which a medical observer is to be guided in his researches.

*Of mental Alienation.*—This chapter is one in which Dr. Beck displays the most enlightened judgement and an uncommon accuracy and precision in his statements, and this will warrant our extracting at some length. To the ordinary division of insanity into mania, melancholia, and idiocy, he proposes the classification proposed by M. Esquirol, in his masterly article on insanity in the *Dictionnaire des Sciences Médicales*, better calculated to illustrate the various appearances of the disease. “The following is the order pursued by him : 1. Mania, in which the hallucination extends to all kinds of objects, and is accompanied with some excitement. 2.

Monomania, or melancholy, in which the hallucination is confined to a single object, or to a small number of objects. 3. Dementia, wherein the person is rendered incapable of reasoning, in consequence of functional disorder of the brain, not congenital. 4. Idiotism, congenial, from original malformation in the organ of thought.

“ *Mania*.—In many instances, though it is far from being general, pain in the head and throbbing of its arteries precede an attack of insanity; and sometimes giddiness is complained of, as a precursory symptom. The appearance of the eyes, however, the circumstance most readily to be noticed, is the change in it from a state of health, often precedes interference of language. Recovered patients have described a peculiar sensation connected with this appearance, as though the eye flashed fire from being stricken with an open hammer, and this increased in proportion as the ideas became more and more confused. There is a peculiar muscular action of these organs, a protrusion of the eyes, a wandering motion in every possible direction, and in a manner peculiarly tiresome to the beholder. During a paroxysm, they appear as if stiffly and firmly pushed forward, and the pupils are contracted. And yet, with all these appearances of excitement, it has rather a dull than a fierce character.

“ The muscles of the face also partake in the change, and the rapidity of the alterations they undergo, depends on the succession of ideas which pass with such velocity through the mind of the sufferer.

“ As the attack advances, the individual becomes uneasy, is unable to confine his attention, walks with a quick and hurried step, and while doing so, suddenly stops. Men of the most regular and established habits, will suddenly become active, jealous and restless—while those of a lively disposition will become indolent, indifferent and fancy themselves sick. Persons subject to habitual indisposition, which

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disappeared suddenly, fancy themselves in high health, and are greatly elated. A very vigorous action of the body and mind soon takes place, and particularly the exertion of great muscular strength. The language is totally different, both in tone and manner, from the usual habits of the maniac.—He becomes angry without any assignable cause—attempts to perform feasts of strength, or efforts of agility. Many talk incessantly, sometimes in the most boisterous manner, then suddenly lowering the tone, speak lofty and whisper.—The subjects vary equally. They are never confined long to one point, but voluble and incoherent, run rapidly from one point to another, totally disconnected with it. The same phrase is sometimes repeated for a length of time, or conversation is maintained with themselves, as with a third person, with all the variations of violent, and ludicrous gestures. In females, there is frequently a complication, as it were of hysteria with general madness; and laughing or weeping is a common attendant. The food is often neglected, and in others, there is an unusual voraciousness, and they swallow every thing that comes in their way. The stomach and bowels are unusually torpid—costiveness prevails, and the stools are white, small, and hard. Diarrhœa rarely occurs, except towards the termination of the disease. The urine is scanty in quantity, and, for the most part, of a high colour. The pulse is very various—and little dependence can be placed on it, as an indication. The tongue is usually moist, and sometimes has a whitish appearance; and there is often a preternatural secretion of saliva and mucus in the mouth and throat, which is of a viscid nature, and discharged with difficulty by spitting. There is also generally a stoppage of the secretion of mucus in the nose. Dr. Rush mentions, that Dr. Moore, at his request, examined the maniacs in the Philadelphia Hospital, with reference to this symptom, and found it present in two-thirds of them. Where this secretion

was not suspended, he found the mucus of the nose dry and hard."

Our author does not concur in the opinion of Haslam and others, that maniacs enjoy no exemption from the effects of severe cold, and very properly observes that the same operating cause which endows the maniac with excessive strength doubtless, also, conduces to produce the state under consideration. This appears further corroborated by the fact, that mortifications of the feet are apt to occur in maniacs, although this circumstance has been erroneously thought by some to be an evidence of the contrary opinion.

"Haslam observes, that he scarcely recollects an instance of a lunatic becoming blind, but numbers are deaf; and those who are not deaf, are troubled with difficulty of hearing, and tinnitus aurium. It is from the disorder of this organ, and which is referable to the original diseased action of the functions of the brain, that many maniacs derive the delusion under which they labour. The commission which they suppose themselves to receive from some superior being is given by the ear—they imagine it is constantly repeated. They are thus, they imagine, urged to its performance, and in too many cases, murder or self-destruction is the unhappy result.

"The *eye* is also diseased. Objects appear bright and fiery, and the organ itself is sparkling and protruded. At other times, it is sunken and dull, and external appearances produce but little impression. The smell—the taste and touch—do not escape these perversions, and the latter in many instances has lost its peculiar power of correcting the other senses—this, however, is far from being universal.

"Wakefulness is another symptom, which sometimes precedes all others, and is coeval with pain or uneasiness of the head, or some other diseased organ—From its being always followed in the morning by the peculiar appearance of the

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already described, it may sometimes lead to proper sus-  
sion, as well as attention to the diseased person. This watch-  
fulness is attended with an irresistible impulse to rise early,  
go abroad, and ramble about : or, if remaining in the house,  
be incessantly employed in arranging and re-arranging  
articles of furniture, dress, books, or papers ; and, by thus  
placing, displacing, and confounding every thing, their ideas  
become more confused, and they soon give rise to actions of  
a wild and outrageous nature.

" The memory is early affected in maniacs ; after a time  
it seems almost destroyed.

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" Pusillanimity is also a remarkable trait in the character  
of the insane. Though occasionally boisterous and fierce,  
yet they are readily overcome by a person of decision. Their  
leading characteristics are timidity, distrustfulness, suspi-  
cion—never contented with their present condition, but al-  
ways desirous of some change. It is this discontent of mind  
that detaches them from their parents and friends, and causes  
them to hate most those whom they previously cherished  
with the fondest affection. This alienation from friends is,  
therefore, one of the most constant and pathognomonic  
traits of the malady.

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" The duration of a paroxysm is very various. Dr. Rush  
saw it continued for five or ten months with scarcely any  
abatement in the excitement of the body and mind, notwith-  
standing the employment of depleting remedies. If the par-  
oxysm cease suddenly, we may dread the return of another.

" *Monomania or melancholy.*—Here the permanent deliri-  
um is confined to one object, or to a small number of them.  
The sufferers are pursued day and night by the same ideas  
and affections—they appear often reasonable, when conversing  
on subjects beyond the sphere of their delirium, until some  
external impression suddenly rouses the diseased train. The  
character of the first form, (monomania) is often very vari-

ous, depending on the predominant character of the delusion that is present. Some are gay and highly excited—laugh, talk, and sing—fancy themselves deities, kings, learned and noble.

“Some patients, when labouring under this form, are excessively irascible, and even without any apparent cause, are suddenly hurried into a violent passion or fury. It is while labouring under this that they become dangerous to themselves or to those around them. They will seize any weapon, and strike others or themselves—though sometimes conscious of their situation. An internal sensation is perceived—as a burning heat with pulsation within the skull, previous to this excitement. This description of lunatics eat much, but sometimes they endure hunger with great obstinacy; they have frequent pains in the bowels, and costiveness is common. The pulse is full, hard and strong, and the skin warm. Probably this is a form of insanity as common as any other. It is also said to be less durable, and to end more favorably.

“*Melancholy* rarely affects athletic persons, and is characterized by black hair and eyes—a striking cast of countenance as the complexion is either yellow, brown, or blackish—the impression of heat or cold are slightly noticed. The physiognomy is wrinkled and languid, yet sometimes the muscles of the face convulsively tense, and the countenance is full of fire.

“The pupils of the eye are dilated, and that organ has peculiarly dull muddy look, rolling heavily on surrounding objects, if it can be roused to move at all. But ordinarily it is fixed with an unmeaning stare on vacancy. The adnata commonly painted with a dull purplish red—holding a strong light near the eyes, produces a very transient effect.

“Pain is said by some recovered patients to have preceded the attack—sometimes fixed, but more commonly wandering and the suffering by this is extreme. Great apprehension



character of the delusion highly excited—laughing, kings, learned and

under this form, are excited by any apparent cause, and are often in a state of rage or fury. It is very dangerous to them, and they will seize any weapon, though sometimes consciousness is perceived.

in the skull, previous to the attack. Lunatics eat much, but with great obstinacy; the costiveness is common, and the skin warm. Premonitions are as common as in any other form.

and more favorably. In some persons, and is characterized by a cast of countenance, which is brown, or blackish—the face is noticed. The physicians sometimes the muscular countenance is full of

and that organ has a heavy influence on surrounding parts. But ordinarily the adnatæ are in a state of redundancy. The adnatæ are red—holding a strong transient effect.

patients to have preceded the attack by commonly wandering. Great apprehension

which indeed is a characteristic of this form, ensues, and changes the sufferer into the most gloomy state of mind, accompanied by indifference as to his personal comfort, or urging him forcibly to self-destruction, or to the murder of others—a fixed position of the body is a very common attendant. Dr. Rush saw a patient who sat with his body bent forward for three years without moving, and another whose torpor of the nervous system was such, that a degree of cold so intense as to produce inflammation or gangrene upon the face and limbs, did not move him from the stand he had taken in the open air.

“The pulse is extremely vacillating, and generally is slow and feeble; yet, with all this, has a labouring feel, not accompanied with a bold throb, but as though difficulty attended every exertion. A sort of ticking movement is sometimes observed, which is often intermitting, and from 100 to 130 strokes in a minute.

“The skin is dry and burning, while the extremities are cold, and bathed in a clammy sweat. With these, transient purple-coloured flushing of the face are sometimes an attendant. The tongue is usually of a brownish yellow colour, furred and has intensely purple red edges. Constipation is common—diarrhœa announces a salutary change. The urine is pale, thin, and cloudless, unless morbidly retained. The thirst is usually great and a peculiar odour is perceptible from their bodies. The sleep is disturbed. They act and even reason rightly on all other subjects but that which characterizes the delirium. An exasperation takes place sometimes every day or every second day, particularly when in an horizontal position.

“*Dementia* is often the consequence of mania or melancholy and is somewhat allied to that decrepitude of mind, which frequently appears in old age. The patients are usually calm and quiet, enjoy a good appetite, and are apt to become slo-

only. The ideas pass in rapid and alternate succession, and this gives rise to incessant babbling, unwearied declamation and continual activity without object or design. Occasionally, they assume a menacing air, without any real anger, and this is soon succeeded by immoderate laughter. The appearance is generally peculiar, the countenance is pale, the eyes are dull and moist; the pupils dilated, and the look is motionless and without expression. There is a variety of emaciation or fatness.

"*Idiotism*, when congenital, is first indicated by feebleness of body and of mind, and is more common in some countries, as the Cretins—The appearance may be described as follows: the skull is small and inferior in height to the skull of maniacs, and there is a great disproportion between the face and head, the former being much larger than the latter. The countenance is vacant and destitute of meaning, the complexion sickly, the stature usually diminutive, the lips and eyelids coarse and prominent, the skin wrinkled and pendulous, and the muscles loose and flabby. To these are usually added a complication of other diseases, the subjects are rickety, scrupulous, or epileptic. The eyes are squinting or convulsive, and the hearing is imperfect or totally destroyed.

"*Insanity* is essentially a bodily disease, and the moral causes operate in producing it, as they do in producing other complaints. It should be remembered that the insanity of females is always aggravated at the period of menstruation, particularly when it is in a morbid state."

In his subsequent remarks, the author makes a general application of the above description of the various species of mental alienation, to the detection of that which is feigned and concealed. Thus, pretenders are unable to prevent sleep, and never desire to conceal their condition, as in the case of real insanity; "they even sometimes outstrip madness itself

ate succession, and seem desirous to exhibit themselves in the most violent and disgusting forms. Mr. Hill recommends attention to the peculiar odour observed in maniacs." Dr. Rush, who is known to have been the most attentive and successful observer of the human pulse, has found that it is more frequent in all the grades of madness. He observed that it was more frequent by twenty strokes in a minute, on an individual sentenced to death, and from this circumstance, added to other symptoms which had been declared by another physician to be feigned, he certified that the individual was really mad. Emetics and cathartics operate but slightly on the insane—Fodéré was ordered to examine a woman accused of highway robberies, and who, through her ingenuity in feigning insanity, had escaped several punishments. Recollecting a case related by Zacchias, in which threats had been successful, he said, in a firm tone of voice: "To-morrow I shall again visit her, and if she continue to howl, if she be not dressed, and her chamber put in order, you must apply red-hot iron between her shoulders." The next day, the chamber was clean, the night had been quiet, and the patient was dressed. He accordingly certified that she was not affected in her mind.

Although we are of opinion that persons with an enlightened judgment, out of the Medical Profession, may also be competent judges of the state of the mind in many cases, yet it must be acknowledged with Dr. Beck, that their evidence may lead to serious errors, in that form of insanity, in which the boundaries between it and sanity approach so near, that judges and juries often doubt whether the act is the result of madness or of wickedness." A knowledge of the association of ideas, the result of metaphysical observations, which experienced observers partake with the Medical philosopher, is entitled to our confidence, as far as the morality of actions and the exercise of intellectual faculties are concerned.

Cases are related in this place, to show the difficulty which sometimes exists in detecting concealed insanity, and must say that the most consummate experience will frequently fail in the attempt ; for " the medical witness has to decide not whether a person is actually or feignedly insane for the first time in his life, but whether there is such a recovery from madness as to entitle the person to the appellation of a sane man." It is also worthy of notice that an insane man when placed in the society of other madmen, will sometimes be capable of detecting their folly and aberration from reason, and endeavour to convince them of the absurdity of their prevailing opinions. In fine, when examining a maniac, the physician should never forget the direction given by Haslam, which is not to commence the conversation directly on the subject of his aberrations ; " the purpose is more effectually answered by leading him to the origin of his distemper, and tracing down the consecutive series of his actions and associations of ideas. In going over the road where he has once tumbled, he will infallibly trip again."

The leading principles of the English law respecting the insane, are next brought into view ; but as the civil laws of England are not in force in this country, we shall follow the author in the consideration of that part of the criminal code which relates to the present subject. It is only necessary at the moment to remark, that, if at any stage of the trial, the prisoner should become of nonsane memory, no further statement is to be taken against him : " but if a lunatic has lucid intervals of understanding, he shall answer for what he does during those intervals, as if he had no deficiency." Esquirol says that the insane are more agitated about the full moon, but so are they about day-break every morning ; hence he says that " light frightens some lunatics, pleases others, but agitates all." The subject of insanity is one of such importance and involves so many difficult questions, that we have been

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to enter minutely into its nature and the consideration of the various and multiplied forms under which it presents itself to the Medical Jurist. We shall, therefore, conclude our next number what remains to be said on that subject.

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*Magnétisme Animal en France, et des jugements qu'en ont portés les Sociétés Savantes, avec le texte de divers rapports faits en 1784 par les commissaires de l'Académie des Sciences, de la Faculté et de la Société Royale de Médecine, et une analyse des dernières séances de l'Académie Royale de Médecine et du rapport de M. Husson ; suivi de considérations sur l'apparition de l'EXTASE, dans les traitements magnétiques.* PAR ALEXANDRE BERTRAND, Ancien Elève de l'Ecole Polytechnique, Docteur en Médecine de la Faculté de Paris, Membre de la Société Royale Académique des Sciences. pp. 539. Paris, 1826.

De toutes les théories que l'esprit humain soit capable d'envisager, il n'en est aucune qui soit plus propre à gagner du crédit, que celle qui se rattache à quelque chose de mystérieux, surtout pour ce qui regarde la guérison des maladies ; les vrais savans ont dû être encore moins étonnés de leurs succès, que de l'application que l'on en a faite pour exciter et attirer l'attention et la confiance du vulgaire. Cette vérité nous paraît devoir s'appliquer avec d'autant plus de justesse au magnétisme animal, que ses partisans, non contents d'avoir séduit une populace avide par des procédés simples et naturels, mais, séduits par ses nombreux succès, n'ont pu résister au penchant qui nous porte sans cesse à chercher dans un monde que nous connaissons peu, des raisons d'agir que nous connaissons encore moins. De même qu'il avait fallu à l'écarter un concours de molécules en mouvement pour former les êtres, de même les magnétiseurs ne se sont pas bor-

nés à donner les raisons simples et plausibles qui sont capables de rendre compte des phénomènes qu'ils produisent, mais ils ont cherché dans la nature un agent physique, un être isolé répandu dans l'espace, dont l'existence pugne à la raison et aux lois de la saine physique, et les a plongés dans une foule d'erreurs dont il eût été facile pour eux de prévoir les suites. Aussi n'ont-ils pas manqué d'éveiller contre leurs manœuvres tous les préjugés qui présentent toujours à l'aspect de la nouveauté, même quand elle repose sur des bases solides.

On saura gré sans doute à Mr. Bertrand d'avoir mis au jour les observations qu'il a eu occasion de faire dans les salles magnétiseurs, et si l'avou qu'il fait au commencement de sa préface d'avoir été un magnétiseur de profession, était capable de nous faire soupçonner son impartialité, le ton et l'air de différence qu'il donne à toutes les manœuvres des magnétiseurs est propre à nous rassurer sur sa bonne foi, attendu qu'il est impossible de la révoquer en doute. Mais avant que d'entrer dans la recherche de cet important sujet, nous allons essayer de donner une idée de cette doctrine, qui est trop nouvellement répandue, pour qu'un grand nombre de nos lecteurs en aient une entière connaissance.

Voici l'idée qu'en donne M. Mesmer, qui prétend avoir découvert le magnétisme animal, et qui l'a nommé de ce nom : " Un fluide universellement répandu ; il est le moyen d'influence mutuelle entre les corps célestes, la terre et les corps animés ; il est continué de manière à ne souffrir aucun vide ; sa subtilité ne permet aucune comparaison, il est incapable de recevoir, propager, communiquer toutes les impressions du mouvement ; il est susceptible de flux et de reflux. Le corps animal éprouve les effets de cet agent ; et c'est ainsi qu'il s'insinue dans la substance des nerfs, qu'il les affecte immédiatement. On reconnaît particulièrement dans le corps humain des propriétés analogues à celles de l'aimant ; et

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distingue des pôles également divers et opposés. L'action  
et la vertu du magnétisme animal peuvent être communiqués  
d'un corps à d'autres corps animés et inanimés. Cette action  
a lieu à une distance éloignée, sans le secours d'aucun corps  
intermédiaire ; elle est augmentée, réfléchie par les glaces ;  
communiquée, propagée, augmentée, par le son ; cette vertu  
peut être accumulée, concentrée, transportée. Quoique ce  
fluide soit universel, tous les corps animés n'en sont pas  
également susceptibles ; il en est même, quoique en très pe  
nit nombre, qui ont une propriété si opposée, que leur seule  
présence détruit tous les effets de ce fluide dans les autres corps.

“ Le magnétisme animal peut guérir immédiatement tous  
les maux de nerfs, et médiatement les autres ; il perfectionne  
l'action des médicaments ; il provoque et dirige les crises sa  
ntaires, de manière qu'on peut s'en rendre maître ; par son  
moyen, le médecin connaît l'état de santé de chaque individu,  
et juge avec certitude l'origine, la nature et les progrès des  
maladies les plus compliquées ; il en empêche l'accroisse  
ment, et parvient à leur guérison, sans jamais exposer le ma  
lade à des effets dangereux ou à des suites fâcheuses, quel  
ques soient l'âge, le tempérament et le sexe. La nature offre  
dans le magnétisme un moyen universel de guérir et de pré  
server les hommes.”

Nous emprunterons maintenant le langage des Commis  
saires de la Faculté et de l'Académie de Médecine, pour dé  
crire les procédés magnétiques et leurs effets sur les individus  
soumis à leur action. “On construit au milieu d'une grande  
salle, une caisse circulaire, faite de bois de chêne, et élevée  
d'un pied ou d'un pied et demi, que l'on nomme *le baquet* ;  
ce qui fait le dessus de cette caisse est percé d'un nombre de  
trous, d'où sortent des branches de fer coudées et mobiles.—  
Les malades sont placés à plusieurs rangs autour de ce baquet,  
et chacun a sa branche de fer, laquelle au moyen du coude,  
peut être appliquée directement sur la partie malade ;

une corde passée autour de leur corps les unit les uns aux autres. Quelquefois on forme une seconde chaîne en se communiquant par les mains, c'est-à-dire en appliquant le pouce entre le pouce et le doigt index de son voisin : alors on presse le pouce que l'on tient ainsi ; l'impression reçue à la gauche se rend par la droite, et elle circule à la ronde.

“ Un *piano-forté* est placé dans un coin de la salle, et on y joue différents airs sur des mouvements variés. On y joint quelquefois le son de la voix et le chant.

“ Tous ceux qui magnétisent ont à la main une baguette de fer, longue de dix à douze pouces.”

L'appareil ainsi disposé, le magnétiseur déclara aux Commissaires, “ 1. que cette baguette est conducteur du magnétisme ; elle a l'avantage de le concentrer dans sa pointe, et d'en rendre les émanations plus puissantes ; 2. le son, conformément aux principes de M. Mesmer, est aussi conducteur du magnétisme ; et pour communiquer le fluide au *piano-forté*, il suffit d'en approcher la baguette de fer ; celle qui touche l'instrument en fournit aussi, et le magnétisme est transmis par les sons aux malades environnants ; 3. la corde dont les malades s'entourent est destinée, ainsi, que la chaîne des pouces, à augmenter les effets par la communication ; 4. l'intérieur du baquet est composé de manière à y concentrer le magnétisme ; c'est un grand réservoir d'où il se répand par les branches de fer qui y plongent.

“ Les malades sont encore magnétisés directement, au moyen du doigt et de la baguette de fer, promenés devant le visage, dessus ou derrière la tête et sur les parties malades, toujours en observant la direction des pôles. On agit sur eux par les regards et en les fixant. Mais surtout ils sont magnétisés par l'application des mains, et par la pression des doigts sur les hypocondres et sur les régions du bas-ventre ; application souvent continuée pendant long-tems, quelquefois pendant plusieurs heures.

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" Alors les malades offrent un tableau très-varié par les  
 différents états où ils se trouvent. Quelques uns sont calmes,  
 tranquilles, et n'éprouvent rien ; d'autres toussent, crachent,  
 sentent quelque légère douleur, une chaleur locale ou univer-  
 selle, et ont des sueurs ; d'autres sont agités et tourmentés  
 par des convulsions. Ces convulsions sont extraordinaires  
 par leur nombre, par leur durée et par leur force. Dès qu'une  
 convulsion commence, plusieurs autres se déclarent. Les  
 commissaires en ont vu durer plus de trois heures ; elles sont  
 accompagnées d'expectorations d'une eau trouble et visqueuse,  
 arrachée par la violence des efforts. On y a vu quelquefois  
 des filets de sang ; et il y a entre autres un jeune homme qui  
 en rend souvent avec abondance. Ces convulsions sont ca-  
 ractérisées par des mouvements précipités, involontaires de  
 tous les membres, et du corps entier, par le resserrement à  
 la gorge, par des soubresauts des hypocondres et de l'épi-  
 gastre, par le trouble et l'égarement des yeux, par des cris  
 perçants, des pleurs, des hoquets et des rires immodérés.—  
 Elles sont précédées ou suivies d'un état de langueur et de  
 rêverie, d'une sorte d'abattement et même d'assoupissement.  
 Le moindre bruit imprévu, cause des tressaillements ; et  
 l'on a remarqué que le changement de ton et de mesure dans  
 les airs joués sur le piano-forté influait sur les malades, en  
 sorte qu'un mouvement plus vif les agitait d'avantage, et re-  
 nouvelait la vivacité de leurs convulsions.

" Rien n'est plus étonnant que le spectacle de ces convul-  
 sions ; quand on ne l'a point vu, on ne peut s'en faire une  
 idée ; et en le voyant, on est également surpris et du repos  
 profond d'une partie de ces malades, et de l'agitation qui  
 anime les autres ; des accidents variés qui se répètent, des  
 sympathies qui s'établissent. On voit des malades se cher-  
 cher exclusivement, et, en se précipitant l'un vers l'autre, se  
 sourire, se parler avec affection, et adoucir mutuellement  
 leurs crises. Tous sont soumis à celui qui magnétise ; ils

ont beau être dans un assoupissement apparent, sa voix, un regard, un signe les en retire. On ne peut s'empêcher de reconnaître, à ces effets constants, une grande puissance qui agite les malades, les maîtrise, et dont celui qui magnétise semble être le dépositaire.

“ Cet état convulsif est appelé improprement *crise* dans la théorie du magnétisme animal : suivant cette doctrine, il est regardé comme une crise salutaire, du genre de celle que la nature opère ou que le médecin habile a l'art de provoquer pour faciliter la cure des maladies. Les Commissaires ont observé que dans le nombre des malades en crise il y avait toujours beaucoup de femmes et peu d'hommes ; que ces crises étaient une ou deux heures à s'établir ; et que dès qu'il y en avait une d'établie, toutes les autres commençaient successivement et en peu de temps.”

D'après cet exposé, on est tenté de croire ou qu'il y a de l'imposture, ou que M. Mesmer a vraiment découvert et mis en jeu un agent caché dans la nature dont l'usage n'a pas été connu avant lui. Mais, quand on n'aurait aucun moyen de constater que cet agent est une véritable fiction, il serait facile de reconnaître à ce tableau le résultat d'une imagination exaltée par un appareil imposant et de gestes mystérieux. C'est ce que nous aurons occasion de prouver dans son lieu, et après nous être permis cet écart de l'ordre observé dans l'ouvrage que nous parcourons, afin d'en faciliter d'avantage l'intelligence à nos lecteurs, nous allons revenir sur nos pas, et suivre l'auteur dans ses recherches sur ce phénomène aussi curieux qu'extraordinaire.

Dès sa Préface, M. Bertrand nous donne l'histoire de ce qu'il nomme assez plaisamment sa *vie magnétique*. Il nous apprend qu'il était occupé à réfléchir sur les miracles que l'on attribuait au magnétisme, lorsqu'arriva de Nantes dans sa ville natale, un magnétiseur des plus exaltés, “ grand convertisseur, comme ils le sont tous, et pour qui magnétiser

apparent, sa voix, un vrai besoin. Il magnétisa donc, endormit, somnambulisa, et se trouva bientôt dans son élément, entouré de prévisions, de prédictions, et de miracles de toute espèce." Incontinent de devenir le témoin de ce singulier procédé, il assista à plusieurs séances, et s'assura qu'en effet la malade qui était soumise au magnétisme, s'endormait, du moins en apparence, et n'entendait rien de ce que lui disaient les spectateurs, mais répondait sans s'éveiller quand le magnétiseur lui adressait la parole. "Enfin, dit-il, le 6 Octobre 1818, vingt-neuvième jour du traitement de cette femme (jour à jamais remarquable dans l'histoire de ma vie magnétique), l'opérateur ordinaire ayant été forcé de s'absenter, je pris moi-même sa place ; et je magnétisai la malade avec toute la force de volonté dont j'étais capable, curieux de voir si moi aussi je produirais quelque effet, et impatient de ce qui allait arriver.— Je réussis au delà de mes espérances ; la malade s'endormit en moins de tems encore qu'à l'ordinaire, et quand je lui adressai la parole, elle me répondit sans s'éveiller." Nous aurons occasion de voir que les Commissaires chargés de faire rapport à l'Académie sur le magnétisme, ont fait la même expérience et avec le même succès ; mais suivons avec l'auteur l'histoire de cette découverte.

La cause uniforme de tous les phénomènes de la nature aurait fait concevoir aux anciens l'idée d'un fluide universel, répandu dans tout l'univers, d'une ténuité extrême, impalpable, capable de pénétrer partout, et auquel ils attribuèrent tout ce que nous observons journellement dans la nature.— A l'époque du renouvellement des sciences, on fit aussi revivre le même système : toutefois les idées religieuses, perfectionnées par le christianisme, ne permirent plus de regarder cette cause générale comme Dieu lui-même, ce qu'avaient fait les anciens. Vers le milieu du dix-septième siècle, Spinoza prétendit, dans son système du panthéisme, que Dieu était tout, ou plutôt que tout était Dieu, esprit et matière. Mais

la théorie du fluide universel, était tellement répandue, que ce système absurde ne put y porter aucune atteinte.

Ce fut vers la fin du seizième et au commencement du dix-septième siècle, que data la première époque du magnétisme et la découverte de l'aimant qui étonna tous les savans, fut pour les partisans du fluide universel une circonstance qui leur donna une grande vogue. C'était surtout dans la propriété d'agir à distance (*in distans*) qu'on crut appercevoir entre eux une identité parfaite ; et comme l'aimant était alors regardé comme le principe de tous les mouvements dans la nature, on nomma l'action du principe universel *magnétique* comme se manifestant particulièrement dans l'aimant. On peut en concevoir une idée par le passage suivant de Wierdun tiré de son ouvrage intitulé *Medecina spirituum* :

“ *Universa natura magnetica est ; totus mundus constans et positus est in magnetismo ; omne sublunarium vicissitudines fiunt per magnetismum ; vita conservatur magnetismo ; interitus omnium rerum fiunt per magnetismum.* ”

De là naquirent les traitements par sympathie ; car, disaient-ils, puisque ce fluide répandu partout est le moyen d'action réciproque entre les différents corps, puisque c'est lui qui entretient l'harmonie dans chaque corps en particulier, il peut bien servir aussi de moyen d'union entre le corps humain et une partie qui vient d'en être séparée : pourquoi un courant de fluide établi de l'un à l'autre ne servirait-il pas de moyen de communication entre eux ? Parmi les partisans de cette étrange illusion, on n'est pas peu étonné de compter Wierdun et Helmont qui écrivit un ouvrage sur le *traitement magnétique des plaies*. Mais ce qui peut en rendre compte est que jusqu'alors on avait toujours considéré l'usage des huiles et des baumes comme nécessaire à la guérison des plaies ; tandis qu'avec la méthode sympathique, il suffisait de se borner aux soins de propreté, et c'est ainsi que l'on attribua à un agent particulier, une opération naturelle dont les mo-



ement répandue, qu'une atteinte.

commencement du dix-huitième siècle, que du magnétisme a tous les savans, fût une circonstance qui surtout dans la propriété

crut appercevoir que l'aimant était alors reconnu pour un mouvement dans la nature universel magnétique et dans l'aimant. On se suivait de Windt *virtutum* :

totus mundus constat sub lunari vicissitudine, et conservatur magnetis per magnetismum et sympathie ; car, disait-il, est le moyen d'action

et c'est lui qui en particulier, il peut le corps humain et pourquoi un courroux n'aurait-il pas de moyen les partisans de cette idée de compter

le traitement magnétique rendre compte est l'usage des huiles guérison des plaies, il suffisait de se borner que l'on attribuait à la nature dont les mo-

les ont su faire usage ; car aujourd'hui, c'est la propriété que l'on tient comme le meilleur remède pour guérir les maladies, sans qu'on ait besoin de recourir au magnétisme.— C'est encore par cette ignorance des procédés de la nature, que l'on attribuait à des causes mystérieuses, des effets résultants de ce qu'on appelait les *accessoires* qui seuls produisaient la guérison.

On croit assez généralement que Paracelse fut le père du magnétisme, et qu'il reconnaissait deux pôles dans le corps humain ; la bouche servant de pôle arctique, et le ventre de pôle antarctique, en sorte que si on suspendait un homme au dessus d'une barque sur les eaux, en laissant son corps prendre librement la direction qu'il voudrait, on verrait sa face se porter naturellement vers le nord, et ses pieds vers le midi.— Nous avons déjà eu occasion de parler de cet homme célèbre, dans notre *Discours Préliminaire*, et nous exposerons en détail ses opinions par la suite. Mais Mesmer est celui qui fit renaître le magnétisme en Europe vers la fin du dix-huitième siècle, et ses partisans l'ont regardé comme le fondateur de cette doctrine.

Il naquit à Vienne vers 1740, où il prit le degré de docteur-médecin de la Faculté en 1766. Sa thèse inaugurale avait pour titre *De l'influence des planètes sur le corps humain*. Ce premier pas fut le présage de la tournure de son génie, qui n'attendit pas à se manifester dans une lettre où il développe ses idées sur le magnétisme. De toutes les sociétés savantes de l'Europe auxquelles il envoya son mémoire, l'Académie de Berlin fut la seule qui voulut s'en occuper, et elle déclara son droit qu'il était dans l'erreur. Après avoir été rebuté dans toutes les parties de l'Europe, il vint à Paris, où il ne manqua pas de faire des prosélytes parmi le vulgaire, et bientôt les journaux retentirent de ses cures miraculeuses. Ce fut à cette époque qu'il fit la connaissance avec M. Delon qui devint son élève et un magnétiseur de profession. M. Delon était Docteur

Régent de la Faculté, qui ayant appris sa conversion, ordonna que son nom fût rayé du tableau des Médecins de la Faculté, s'il ne désavouait ses observations sur le magnétisme animal. Elle alla jusqu'à imposer le même châtiment à tous ceux qui se déclareraient partisans du magnétisme, soit par leurs paroles, soit par leurs écrits.

Cependant Mesmer convint de confier son secret à un certain nombre d'élèves qui lui levèrent une souscription de 340,000 livres ; et c'est ce qui donna naissance dans la suite aux sociétés d'harmonie, qui avaient entré dans ses vues.

Le célèbre Bertholet, à l'instar du Duc d'Orléans, assista aux séances des magnétiseurs, et affirma qu'il n'y avait rien dans les convulsions, les crises, "qui ne dût être attribué entièrement à l'imagination, à l'effet mécanique des frictions sur des parties très nerveuses, et à cette loi, reconnu depuis long-temps, qui fait qu'un animal tend à imiter et à se mouvoir, même involontairement, dans la position dans laquelle il trouve un autre animal qu'il voit ; loi de laquelle les maladies convulsives dependent si souvent." Le roi nomma, conjointement avec la Faculté, cinq commissaires pour examiner et faire rapport sur le magnétisme, au nombre desquels étaient MM. Franklin, Lavoisier et Bailly.

Les détails dans lesquels ils sont entrés et les recherches savantes que leur rapport contient, est une preuve du crédo que s'était acquis la nouvelle doctrine. Ils se transportèrent chez M. Delon, qui, comme nous l'avons déjà vu, était devenu le zélé successeur de Mesmer. Leur premier soin fut de constater la présence du fluide magnétique ; et comme le fluide est, d'après les magnétiseurs même, le lieu où ce fluide est le plus concentré, ils se sont assurés au moyen d'un électromètre et d'une aiguille de fer non aimantée, que le baquet ne contient rien qui soit électrique ou aimanté. Ils n'ont point voulu admettre la guérison des maladies comme une preuve du magnétisme, et en ce sens ils sont de l'avis de Mesmer.

la conversion, ordonné par le roi de croire que cette espèce de preuve soit sans réplique; *ne prouve démonstrativement que le médecin ou la médecine guérissent les malades.* Une telle concession que la rigueur du raisonnement ne nous permet pas de démentir, ne manquera pas d'être relevée par nos plaisants.

Pour arriver à des résultats plus concluants, les commissaires se sont fait magnétiser par M. Delon lui-même ou par ses disciples, mais ils n'ont rien éprouvé, même après des tentatives répétées. Ils ont observé qu'il n'y a que les personnes du peuple dont l'imagination est facile à émouvoir qui éprouvent des effets, tandis que celles d'une classe plus relevée, et dont l'intelligence est capable de discuter leurs propres sensations, et d'en rendre compte, ne ressentent rien. Frankland, l'un des commissaires, qui était alors malade, avec ses deux parentes, son secrétaire, et un officier américain qui était malade d'une fièvre réglée, ont été magnétisés par Delon lui-même, et n'ont rien éprouvé. Les enfants, qui ne sont pas susceptibles de prévention, ne sentent rien. M. Julien magnétisait aussi dans le même tems, mais d'une manière différente en théorie et en pratique de celle de Mesmer et de Delon, et produisait cependant les mêmes effets. Enfin

après une multitude d'expériences faites avec soin, et sans prévention, les commissaires sont tous d'accord que l'imagination seule est capable de produire tous les effets attribués au magnétisme, et qu'aucun de ces effets ne peut être dû à une autre cause; surtout quand on y joint l'attouchement qui sert à ébranler l'imagination, et cette imitation machinale qui nous porte malgré nous à répéter ce qui frappe nos sens.

Les commissaires concluent de leurs observations, non seulement que le magnétisme animal n'existe pas, mais même que la production des convulsions par l'imagination, ne peut produire que des effets funestes. Nous ne doutons pas en effet que des moyens aussi puissants que ceux qui sont capables de

pervertir ainsi nos sensations, ne soient capables de produire des accidents réels, en accoutumant à des sortes d'illusions qui sont contraires à la bonne morale et au bien-être qui résulte de l'exercice intact de nos facultés intellectuelles.

M. De Jussieu fut aussi chargé par le roi d'examiner les procédés magnétiques. L'extrait suivant de son rapport nous a semblé propre à confirmer l'opinion, que l'imagination est l'unique agent des effets attribués au magnétisme.

“ Pour connaître l'effet d'une première impression, je voulus magnétiser le premier une malade nouvelle, qui paraissait susceptible d'éprouver des sensations. La première séance produisit rien ; sur la fin de la seconde, elle eut des soubresauts, d'abord légers et rares, qui augmentèrent assez promptement d'intensité et de nombre, sans occasioner de douleur. Le troisième jour, les mêmes mouvements reparurent dès commencement de l'opération, et durèrent long-tems, jusqu'à ce que sur la fin j'eusse interrompu l'action magnétique. Elle sortit de la salle ; ils cessèrent peu après, au rapport des médecins présents. Rentré au bout d'un quart d'heure, je revis recommencer avec la même force sans le secours d'aucun des procédés usités. Je sortis de nouveau, et bientôt ils calmèrent. La malade voulant prendre l'air sur une terrasse fut reprise des mêmes mouvements en me voyant dans la cour. Retirée dans la salle et devenue plus tranquille, elle se disposa à s'en aller ; mais me retrouvant encore au bas de l'escalier, elle fut obligée d'entrer dans une salle inférieure où je la laissai.”

Le rapport de Jussieu est sans contredit un exposé complet et détaillé des manœuvres des magnétiseurs, qui ont trouvé en lui un défenseur plus propre à leur donner du crédit que la plupart de leurs cures merveilleuses. Nous laissons le public à juger jusqu'à quel point il convenait qu'un homme de son mérite, prît autant de peine pour pouvoir rallier l'existence d'un agent particulier avec les lois physiques qui

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vement les corps, pour devenir l'avocat d'une secte, que l'opi  
nion éclairée de son tems eût empêchée d'acquérir un crédit  
préjudiciable aux mœurs, et dont le résultat devait faire naî  
tre des préjugés toujours funestes à l'intérêt de l'humanité et  
de la science qui tend à la protéger par des moyens avoués  
par la nature et la raison. Ce savant naturaliste, que le  
monde révère aujourd'hui comme un des plus grands hommes  
de son siècle, avait en vue de donner, comme le dit M. Ber  
trand, une apparence scientifique aux procédés magnétiques,  
et l'on peut dire que sa manière de raisonner, et d'expliquer  
les effets qu'il avait observés, forme le système le plus scien  
tifique qu'il fût possible d'imaginer, mais qui était au dessus  
du génie de Mesmer ou d'aucun de ses partisans. Il n'a pu  
cependant s'empêcher de rendre hommage à la vérité, en di  
sant que rien de ce qu'il a eu occasion d'observer, ne peut en  
gager à reconnaître l'existence d'un autre agent particulier  
que l'imagination, à l'exception de quelques expériences qui  
avaient créé quelques doutes dans son esprit, mais qu'il avoue  
n'être pas suffisantes pour établir une opinion différente de  
celle des autres commissaires.

Après être entré dans des détails plus longs que ne le per  
mettaient les limites de notre Journal, mais que nous avons  
cru devoir sacrifier à la nouveauté du sujet, nous sommes en  
fin arrivé à l'époque où l'on a commencé d'observer le som  
nambulisme à la suite des procédés magnétiques. Cet état  
qui diffère de la veille et du sommeil, entre lesquels il semble  
être intermédiaire, et qui paraît partager de l'un et de l'autre,  
n'avait pas été remarqué par Mesmer ni par Delon, non plus  
que par les Commissaires, à l'exception de Jussieu qui ne  
l'avait qu'entrevu. M. De Puységur, seigneur de Busancy,  
près de Soissons, fut le premier à obtenir le sommeil merveil  
leux qu'il s'est plu à observer toute sa vie. Il employait les  
procédés magnétiques de Mesmer, que nous avons vu plus  
haut, et voici comme il s'exprime dans une lettre datée le 8

Mars 1764 : " La fille de mon régisseur souffrait d'un grand mal de dent—Je ne l'eus pas magnétisée dix minutes qu'elle fut entièrement calmée. La femme de mon garde fut guérie le lendemain du même mal, et en aussi peu de tems.

" Ces faibles succès me firent essayer d'être utile à un paysan, homme de 23 ans, alité depuis quatre jours, par l'effet d'une fluxion de poitrine—Lorsque j'allai le voir, la fièvre venait de s'affaiblir. Après l'avoir fait lever, je le magnétisai. Qu'elle fut ma surprise de voir, au bout d'un demi-quart d'heure, cet homme *s'endormir paisiblement* dans mes bras, sans convulsions ni douleurs. Je poussai la crise ; ce qui lui occasiona des vertiges : il parlait, s'occupait tout haut de ses affaires. Lorsque je jugeais ces idées devoir l'affecter d'une manière désagréable, je les arrêtais, et cherchais à lui en inspirer de plus gaies. Il ne me fallait pas pour cela faire de grands efforts ; alors je le voyais content, imaginant tirer à un prix, danser à une fête, etc. Je nourrissais en lui ces idées, et par là je le forçais à se donner beaucoup de mouvement sur sa chaise, comme pour danser sur un air, qu'en chantant (*mentalement*) je lui faisais répéter tout haut. Par ce moyen j'occasionai dès ce jour-là au malade une sueur abondante. Après une heure de crise, je *l'appaisai*, et sortis de la chambre. On lui donna à boire et à manger. Toute la nuit il ne fit qu'un somme, et le lendemain, ne se souvenant plus de ma visite du soir, il m'apprit le meilleur état de sa santé, qui continua de s'améliorer en peu de jours, en répétant l'usage du magnétisme." Ici M. De Puysegur raconte quelques autres guérisons commencées par le magnétisme ; puis il continue : " afin donc de pouvoir opérer sur tous ces pauvres gens un effet plus continuel, et en même tems ne pas m'épuiser de fatigue, j'ai pris le parti de magnétiser un arbre d'après le procédé de M. Mesmer : et après y avoir attaché une corde, j'ai essayé sa vertu sur mes malades. Un d'eux ayant mis la corde autour de lui, il a regardé l'ar-

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bre, et a dit pour toute parole, avec un air d'étonnement  
qu'on ne peut rendre, *Qu'est-ce que je vois là ?* Ensuite sa  
tête s'est baissée, et il es' entré dans un *somnambulisme* par-  
fait ; au bout d'une heure je l'ai ramené dans sa maison, où  
je lui ai rendu l'usage de ses sens. Plusieurs hommes et  
femmes lui ont dit ce qu'il avait fait, mais *il leur soutient que*  
*cela n'est pas vrai*—Sans mon arbre qui me repose, et qui va  
me reposer encore d'avantage, je serais dans une agitation  
contraire, je crois, à ma santé."

M. Cloquet a été témoin des effets merveilleux de l'arbre  
de Busancy, et raconte qu'il y a vu des choses étonnantes qu'il  
est même tenté d'attribuer à d'autre cause qu'à l'imagination  
seule, tant ce *somnambulisme* lui a paru extraordinaire.

Il y avait aussi vers la même époque de semblables mer-  
veilles opérées à Lyon, par M. Barbarin, dont les partisans  
portèrent le nom de *barbarinistes*. Il ne s'agissait point de  
procédés magnétiques. Mais on se mettait en prières auprès  
du lit du malade, et assez souvent le *somnambulisme* se dé-  
clarait. M. Bertrand dit dans une note qu'il existe mainte-  
nant à Paris une semblable secte.

Les *somnambules*, les yeux couverts d'un bandeau, ont  
même la faculté d'indiquer les maux dont différentes person-  
nes sont atteintes, ce dont ils sont avertis par des sensations  
particulières à la partie de leur corps correspondant à celle  
qui est affectée dans une autre personne, et cela sans attouche-  
ment ni autre moyen naturel. Cet état était si surprenant  
qu'il devint le but de toutes les expériences des magnétiseurs,  
et des sociétés d'harmonie qui avaient pour objet de promou-  
voir la cause du magnétisme, lorsque la révolution vint dis-  
perser ces associations, et terminer le règne du magnétisme  
animal, que les émigrés voulurent introduire de nouveau  
lorsque les troubles eurent cessé, mais que l'on regarda  
comme un de leurs préjugés, et qui devint un objet de risée.  
Par le zèle néanmoins de quelques partisans, le *somnambu-*

lisme reprit son ancienne vogue, et nous allons voir comment ce procédé magnétique s'est obtenu depuis la révolution, et ce qu'il reste enfin de la doctrine de Mesmer dans les procédés actuels.

Le baquet est aujourd'hui abandonné, et l'influence même des attouchements et de l'imitation est à peu près nulle ; " et l'imagination, au lieu d'être excitée vivement par l'appareil présent des machines, par celui d'une assemblée nombreuse, par la musique, etc., n'est plus agitée que par la pensée des merveilles qu'on raconte du paisible somnambulisme. Aussi les effets du prétendu magnétisme ont-ils éprouvé les modifications qu'on devait naturellement attendre de ce changement remarquable dans les procédés qui servent à les obtenir. Les crises effrayantes ont cessé complètement ; plus de toux, de hoquet, de rires immodérés, plus de ces évacuations excessives qui fatiguaient les malades sans nécessité. — Au lieu de donner aux malades des convulsions, que bien des gens regardaient, autour des baquets, comme la preuve la plus certaine de la puissance du magnétisme, les nouveaux procédés offrent le moyen le plus efficace de calmer celles qui surviennent naturellement aux personnes qui y sont sujettes.

"Aujourd'hui, comme à l'époque des traitements publics, le somnambulisme ne survient que chez le plus petit nombre des personnes susceptibles des prétendus effets du magnétisme. Parmi ceux qui se soumettent au traitement avec des dispositions convenables, la plupart ne présentent que des phénomènes beaucoup moins merveilleux que le somnambulisme, et cependant extrêmement remarquables, tant par leur nature que par leur constance chez tous les individus qui les éprouvent. Malgré les différences de tempérament, de sexe et de nature des maladies, ces effets consistent presque tous dans un calme plus ou moins grand qui se manifeste à la fois au physique et au moral, le malade sent les douleurs qu'il éprouvait au commencement de l'opération se calmer peu à

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 on se calmer peu à

peu ; il éprouvé un besoin de repos auquel il lui serait pénible de résister ; ses membres s'engourdissent, ses paupières deviennent pesantes. Souvent une impression de chaleur plus ou moins forte suit, sur toute la surface du corps, le mouvement de la main du magnétiseur, qui passe sur ses vêtements, ou même à quelques pouces de distance. Selon la disposition du patient, et surtout l'opinion qu'il s'est formée d'avance, au lieu de chaleur, c'est du froid que la main magnétisante lui fait éprouver. Mais les phénomènes les plus constants sont l'engourdissement des membres, la pesanteur des paupières, l'élévation de la température du corps, et la tendance à la transpiration."

M. L'Abbé Faria a aussi fait tomber en somnambulisme plus de cinq mille personnes, et comme sa méthode est différente des autres, nous allons en donner un aperçu. " Il faisait placer dans un fauteuil la personne qui voulait se soumettre à son action, et l'engageait à fermer les yeux en se recueillant ; puis, tout-à-coup, il prononçait d'une voix forte et impérative le mot *Dormez*, qui faisait ordinairement sur le patient une impression assez vive pour produire en lui une légère secousse de tout le corps, de la chaleur, de la transpiration, et quelquefois le somnambulisme. Si la première tentative ne réussissait pas, il soumettait le patient à une seconde, puis à une troisième et même à une quatrième, après quoi il le déclarait incapable d'entrer dans le *sommeil lucide*." C'est ainsi qu'il nomme l'état qu'il produisait.— Comme les autres magnétiseurs, il produisait cet état non seulement sur les malades, mais même sur beaucoup de personnes bien portantes.

Pour ce qui est des effets curatifs du magnétisme animal, M. Bertrand a observé, avec tous les magnétiseurs, qu'il y a un déplacement de douleurs locales, que les malades assurent sentir descendre avec la main du magnétiseur. "Ainsi, continue-t-il, s'il est question d'un rhumatisme à l'épaule, ce

rhumatisme, au bout de quelques minutes semblera descendre au coude, où il se fixera quelques instants ; plus tard, la douleur descendra encore, et après avoir passé dans la main, elle paraîtra se dissiper par le bout des doigts. Une chose remarquable, c'est que Valentin Greatrack, qui s'était persuadé que Dieu lui avait accordé le don des miracles, et qui pratiquait la médecine d'attouchement en Angleterre à la fin du dix-septième siècle, faisait éprouver les mêmes sensations aux malades qui avaient recours à lui, et qu'il guérissait au moyen du magnétisme, c'est-à-dire par la confiance qu'il leur inspirait.

“ On ne saurait se figurer avec quelle facilité on peut venir à bout, par le magnétisme, des maladies nerveuses les plus graves, ou soulager des affections contre lesquelles toutes les ressources de la médecine pharmaceutique échouent. Je veux surtout parler de l'épilepsie, dont les accès peuvent être considérablement éloignés ou diminués par cette méthode bien employée. L'influence du moral sur le physique, dont on a tant parlé, mais dont on ne s'est jamais occupé de déterminer les effets par des expériences directes, offre aux médecins philosophes le sujet des plus intéressantes recherches.— Les magnétiseurs ont journellement sous les yeux les observations pratiques les plus curieuses sur ce sujet ; mais le faux point de vue dans lequel ils se sont placés les empêche d'en tirer pour la science aucun parti—Etrangers à la médecine, ils sont incapables de s'apercevoir que, pendant tout ce temps les changements qu'ils attribuent au magnétisme ne sont que les rémissions habituelles et le cours naturel de la maladie.— Le malade lui-même, séduit par l'avantage d'un traitement agréable, se fait facilement illusion, et n'est souvent désabusé qu'au moment où les progrès du mal sont tels, qu'il n'est plus temps d'y porter remède. Voilà ce qu'on ne saurait trop répéter, à l'appui du sage conseil qu'a si souvent donné M. Deleuze, de ne jamais abandonner une maladie au traite-

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L'année 1813 fut mémorable par l'apparition de l'ouvrage de M. Deleuze, intitulé, *Histoire critique du magnétisme animal*. "Le ton sage et modéré de l'auteur, ses connaissances dans les sciences naturelles, son caractère de moralité, tout concourut à donner un succès étonnant à ce livre—Elle servit même à encourager ceux qui pratiquaient le magnétisme en secret, à s'en déclarer ouvertement les partisans. On n'eut pas honte d'avouer des opinions qui avaient été défendues par un écrivain aussi instruit et aussi respectable." Cet ouvrage donna naissance à un Journal périodique destiné à rassembler les observations faites sur le magnétisme. Ce recueil, intitulé *Annales du magnétisme animal*, dura depuis 1814 jusqu'à la fin de 1816. Il reparut en 1817, sous le titre de *Bibliothèque du magnétisme animal*, et cessa en 1819, par la dissolution de la Société qui le rédigeait. Mais son secrétaire M. le Baron d'Hesnin de Cuvillers le continua sous le titre d'*Archives du magnétisme*, qu'il fit précéder d'une introduction intitulée *Le magnétisme éclairé*. Ce savant adopte la plupart des faits, mais rejette entièrement l'existence du fluide magnétique.

Au mois de Mai 1819, notre auteur commença ses cours publics sur le magnétisme animal et sur le somnambulisme. Son objet, comme il le dit lui-même, était d'éclairer les médecins et les philosophes sur les vérités importantes qu'il avait eu occasion de constater, et de provoquer des recherches qui hâteraient le triomphe de la vérité, ce en quoi il réussit, car en peu de tems M. Husson fit à l'Hôtel-Dieu de Paris plusieurs expériences, et réussit à produire le sommeil sur une demoiselle Samson, même après avoir pris tous les moyens possibles pour lui faire ignorer que l'on cherchait à produire sur elle cet état. M. Bertrand rapporte ici un fait qui mérite d'être connu, et qui s'est rencontré aussi souvent qu'on

l'a observé avec soin, c'est à dire quand on a réussi à mettre l'imagination parfaitement en défaut. Il envoya à un ami qui demeurait à 100 lieues de distance, un billet magnétique qu'il le pria de mettre sur l'estomac d'une malade qui désirait être magnétisée : " j'indiquai, dit-il, le creux de l'estomac parceque j'avais toujours entendu désigner ce lieu pour ces sortes d'essais. L'expérience fut faite et réussit.

“ Cependant comme la malade avait été prévenue de l'expérience qu'on voulait tenter, il pouvait se faire que le sommeil quoique bien réel, eût été produit par son imagination seule. Je fis donc un autre essai—j'écrivis une autre lettre que je ne magnétisai pas, et je l'envoyai comme si elle avait été magnétisée, en prévenant la malade qu'elle devait la faire tomber en sommeil. Elle tomba en effet dans cet état, qu'elle présenta encore cette fois tous les caractères qu'il avait coutume d'offrir. Je priai même un de mes amis d'écrire une lettre, en imitant mon écriture. Il l'écrivit en effet, loin de moi, et à mon insu, mais en mon nom, et réussit en effet à tromper la malade sur laquelle cette troisième lettre eut même effet que les deux autres.”

On a tenté les mêmes expériences sur le somnambulisme dans tous les hôpitaux de Paris, à la Salpêtrière, à la Pitié, la Charité sous la direction de M. Fouquier, à l'Hôpital Saint Louis, et partout on a obtenu des résultats plus ou moins remarquables, mais bientôt le gouvernement qui aurait dû en effet laisser aux savans le soin de juger sur le magnétisme vint y mettre des entraves. De plus, les magnétiseurs eurent encore à soutenir une lutte dans laquelle s'engagèrent contre eux les docteurs Montègre et Virey. Pourtant si l'on croit M. Bertrand, ce dernier n'était pas éloigné d'adopter l'opinion, que l'homme peut exercer sur ses semblables une action analogue à celle des animaux électriques, ou bien à celle de certains animaux féroces sur leur proie.



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En 1825, le docteur Foissac fit une tentative auprès de l'Académie Royale de Médecine, pour l'engager à s'occuper du magnétisme animal. On peut juger par le passage suivant de sa lettre, s'il devait s'attendre à être écouté.

“ En posant, dit-il, successivement la main sur la tête, la poitrine et le ventre d'un inconnu, les somnambules en découvrent aussitôt les maladies, les douleurs et les opérations diverses qu'elles occasionent ; ils indiquent en outre si la cure est possible, facile ou difficile, prochaine ou éloignée, et quels moyens doivent être employés pour atteindre ce résultat par la voie la plus prompte et la plus sûre. Dans cet examen, ils ne s'écartent jamais des principes avoués de la saine médecine ; je vais plus loin, leurs inspirations tiennent du génie qui animait Hippocrate.”

L'Académie néanmoins étant divisée sur la demande de M. Foissac, le Président (M. Double) proposa de nommer une commission pour examiner s'il convenait que l'Académie s'occupât du magnétisme animal. Cette proposition fut acceptée et le président nomma à cet effet MM. Adelon, Pariset, Marc, Hossou et Burdin. Leur rapport a été favorable à la proposition de M. Foissac.

Ici se termine la première partie de l'ouvrage de M. Bertrand, et nous remettons, faute d'espace, à une autre occasion les observations que nous avons à faire tant sur l'ouvrage devant nous que sur le sujet qu'il embrasse, et sur la manière dont l'auteur l'a envisagé : c'est ce que nous ferons en parcourant la deuxième partie de l'ouvrage qui traite de l'Extase, et nous terminerons par le tableau que donne M. Deleuze de la manière dont le somnambulisme s'opère de nos jours, moins pour en instruire nos lecteurs, que pour ne pas laisser imparfaite la tâche que nous nous sommes imposée de donner une idée satisfaisante de ce singulier état, afin que chacun puisse en juger par lui même. Après avoir recommandé au malade de concevoir autant de confiance que pos-

sible dans ce qui va se passer, et avoir pris soin de n'être interrompu par aucun bruit, il poursuit :

“Une fois que vous serez ainsi d'accord, et bien convenu de traiter gravement la chose, éloignez du malade toutes les personnes qui pourraient vous gêner ; ne gardez auprès de vous que les témoins nécessaires ( un seul, s'il se peut ) ; demandez-leur de ne s'occuper nullement des procédés que vous employez et des effets qui en sont la suite, mais de s'unir d'attention avec vous pour faire du bien au malade ; arrangez-vous de manière à n'avoir ni trop chaud ni trop froid, à ce que rien ne gêne la liberté de vos mouvements, et prenez des précautions pour n'être pas interrompu pendant la séance.

“Faites ensuite asseoir votre malade le plus commodément possible, et placez-vous vis-à-vis de lui, sur un siège un peu plus élevé, et de manière que ses genoux soient entre les vôtres et que vos pieds soient à côté des siens. Demandez-lui d'abord de s'abandonner, de ne penser à rien, de ne pas se distraire pour examiner les effets qu'il éprouvera, d'écarter toute crainte, de se livrer à l'espérance, et de ne pas s'inquiéter ou se décourager si l'action du magnétisme produit chez lui des douleurs momentanées.

“Après vous être recueilli, prenez ses pouces entre vos deux doigts, de manière que l'intérieur de vos pouces touche l'intérieur des siens, et fixez vos yeux sur lui. Vous resterez deux à cinq minutes dans cette situation, ou jusqu'à ce que vous sentiez qu'il s'est établi une chaleur égale entre ses pouces et les vôtres. Cela fait, vous retirerez vos mains, en les écartant à droite et à gauche, et les tournant de manière que leur surface intérieure soit en dehors, et vous les élèverez jusqu'à la hauteur de la tête : alors vous les poserez sur les deux épaules, vous les y laisserez environ une minute, et vous les ramènerez le long des bras jusqu'à l'extrémité des doigts, en touchant légèrement. Vous recommencerez cette

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asse (1) cinq ou six fois, toujours en détournant vos mains  
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 rez ensuite vos mains au-dessus de la tête. Vous les y  
 tiendrez un moment, et vous les descendrez en passant de-  
 vant le visage, à la distance d'un ou deux pouces, jusqu'au  
 creux de l'estomac : là, vous vous arrêterez encore environ  
 deux minutes, en posant les pouces sur le creux de l'estomac  
 et les autres doigts au-dessous des côtes. Puis vous descen-  
 drez lentement le long du corps jusqu'aux genoux, ou mieux,  
 si vous le pouvez sans vous déranger, jusqu'au bout des  
 pieds. Vous répèterez les mêmes procédés pendant la plus  
 grande partie de la séance. Vous vous rapprocherez aussi  
 quelquefois du malade, de manière à poser vos mains derrière  
 les épaules pour descendre lentement le long de l'épine du  
 dos, et de là sur les hanches et le long des cuisses jusqu'aux  
 genoux ou jusqu'aux pieds. Après les premières passes,  
 vous pouvez vous dispenser de poser les mains sur la tête, et  
 faire les passes suivantes sur les bras en commençant aux  
 épaules, et sur le corps en commençant à l'estomac.  
 "Lorsque vous voudrez terminer la séance, vous aurez soin  
 d'attirer vers l'extrémité des mains et vers l'extrémité des  
 pieds, en prolongeant vos passes au-delà de ces extrémités,  
 recouvant vos doigts à chaque fois. Enfin, vous ferez devant  
 le visage, et même devant la poitrine, quelques passes en  
 travers, à la distance de trois ou quatre pouces. Ces passes  
 se font en présentant les deux mains rapprochées, et en les  
 écartant brusquement l'une de l'autre, comme pour enlever  
 la surabondance de fluide dont le malade pourrait être chargé.  
 Vous voyez qu'il est essentiel de magnétiser toujours en des-  
 cendant de la tête aux extrémités, et jamais en remontant des

(1) J'emploie ici le mot *PASSE*, qui est connu de tous les magné-  
 tiseurs ; il s'entend de tous les mouvements qu'on fait avec les  
 mains en passant sur le corps, soit en touchant légèrement, soit à  
 distance. — (Note de M. Deleuze.)

extrémités à la tête. C'est pour cela qu'on détourne les mains, quand on les ramène des pieds à la tête. Les passes qu'on fait en descendant sont magnétiques, c'est-à-dire qu'elles sont accompagnées de l'intention de magnétiser. Plusieurs magnétiseurs secouent légèrement leurs doigts après chaque passe. Ce procédé, qui n'est jamais nuisible, est avantageux dans certains cas, et, par cette raison, il est bon d'en prendre l'habitude.

“Quoique vers la fin de la séance on ait eu soin d'étendre le fluide sur toute la surface du corps, il est à propos de finir en finissant quelques passes sur les jambes, depuis les genoux jusqu'au bout des pieds. Ces passes dégagent la tête. Pour les faire plus commodément, on se place à genoux vis-à-vis de la personne qu'on magnétise.

“Je crois devoir distinguer les passes qu'on fait sans toucher, de celles qu'on fait en touchant, non seulement avec le bout des doigts, mais avec toute l'étendue de la main, et en employant une légère pression. Je donne à ces dernières le nom de *frictions magnétiques* : on en fait souvent usage pour mieux agir sur les bras, sur les jambes, et derrière le dos tout le long de la colonne vertébrale.

“Cette manière de magnétiser par des passes longitudinales en dirigeant le fluide de la tête aux extrémités, sans se fixer sur aucune partie de préférence aux autres, se nomme *magnétiser à grands courants*. Elle convient plus ou moins dans tous les cas, et il faut l'employer dans les premières séances, lorsqu'on n'a pas de raison d'en choisir une autre. Le fluide est ainsi distribué dans tous les organes, et il s'accumule de lui-même dans ceux qui en ont besoin. Aux passes faites à une petite distance, on en joint, avant de finir, quelques-unes à la distance de deux à trois pieds. Elles produisent ordinairement du calme, de la fraîcheur et un bien-être sensible.

“Il est enfin un procédé par lequel il est très avantageux

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de terminer la séance. Il consiste à se placer à côté du ma-  
ade qui se tient debout, et faire à un pied de distance, avec  
les deux mains, dont l'une est devant le corps et l'autre der-  
rière le dos, sept ou huit passes en commençant au-dessus de  
la tête, et descendant jusqu'au plancher, le long duquel on  
carte les mains. Ce procédé dégage la tête, rétablit l'équi-  
libre et donne des forces.

"Lorsque le magnétiseur agit sur le magnétisé, on dit qu'ils  
ont en rapport ; c'est-à-dire qu'on entend par le mot *rapport*,  
une disposition particulière et acquise, qui fait que le magné-  
seur exerce une influence sur le magnétisé, qu'il y a entre  
eux une communication du principe vital.

"Ce rapport s'établit quelquefois très vite, quelquefois a-  
près un temps plus ou moins long. Cela dépend des disposi-  
tions morales et physiques des deux individus. Il est rare  
qu'il ne soit pas établi dans la première séance. Les magné-  
seurs exercés sentent ordinairement en eux-mêmes lorsque  
ce moment est arrivé.

"Une fois que le rapport est bien établi, l'action se renou-  
elle dans les séances suivantes à l'instant où l'on commence  
à magnétiser. Alors, si l'on veut agir sur la poitrine, l'esto-  
mac ou l'abdomen, il est inutile de toucher, à moins qu'on  
ne trouve cela plus commode. Ordinairement le magnétisme  
agit aussi bien et même mieux dans l'intérieur du corps, à  
une distance d'un ou deux pouces, que par attouchement. On  
se contente en commençant la séance de prendre un moment  
à six ou sept pouces. Quelquefois il est nécessaire de magnétiser à la  
distance de plusieurs pieds. Le magnétisme à distance est  
plus calmant, et quelques personnes nerveuses n'en peuvent  
supporter d'autre.

"Pour faire les passes, il ne faut jamais employer aucune  
force musculaire autre que celle qui est indispensable pour  
soutenir la main et l'empêcher de tomber. On doit mettre  
de l'aisance dans ses mouvements, et ne pas les faire trop ra-

pides. Une passe de la tête aux pieds peut durer environ une demi-minute. Les doigts de la main doivent être un peu écartés les uns des autres, et légèrement courbés, de manière que le bout des doigts soit dirigé vers celui qu'on magnétise.

"C'est par l'extrémité des doigts, et surtout par les pouces que le fluide s'échappe avec le plus d'activité. C'est pour cela qu'on prend d'abord les pouces du malade, et qu'on les tient dans les moments de repos. Ce procédé suffit ordinairement pour établir le rapport. Il est un autre procédé que vous emploierez avec succès pour fortifier ce rapport : il consiste à opposer vos dix doigts à ceux du malade, de manière que l'intérieur de vos mains soit rapproché de l'intérieur des siennes, et que la partie charnue de vos doigts touche la partie charnue des siennes, les ongles étant en dehors. Il paraît qu'il sort beaucoup moins de fluide de la surface extérieure des mains que de la surface intérieure, et c'est une des raisons pour lesquelles on détourne les mains en remontant, sans les écarter beaucoup du corps."

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A. Cartwright  
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## QUARTERLY RETROSPECT

OF IMPROVEMENTS IN MEDICAL SCIENCE.

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### *The Medical Recorder, (No. 36.)*

*Cholera Infantum.*—The author of this Essay, Dr. Samuel A. Cartwright, of Natchez, has obtained a gold medal of the value of 100 dollars, from the Medical and Chirurgical Society of Maryland, in consideration of this paper. We are sorry that, not having been favoured with the preceding number of the Recorder, in which the first part of the paper is contained, we are deprived of the pleasure of presenting a satisfactory statement of its author's sentiments on this disease. From what we have seen, however, in the number before us, we are disposed to consider his theory of *infection*, the offspring of a very ingenious, energetic and well-thinking mind.

We cannot also allow the opportunity to pass without expressing our admiration of the practice generally prevailing in the United-States, of awarding prizes to the productions of genius. This powerful *stimulus*, by calling into action the best efforts of a praiseworthy ambition, will never fail to arise from obscurity, talents which might have lived to die without even benefitting themselves, and which may, by means of a gratified and laudable self-love, contribute to the relief of humanity, and to the benefit of rising generations.—When will Canada enjoy the blessings of similar Institutions? The zeal for improvement and the love of humanity, which

are so peculiarly characteristic of our professional brethren in this country, will answer.

*On diseases of the Liver*—by J. R. Lucas of Alabama.

In this dissertation, the author attempts to prove that most of the epidemics in various seasons are to be regarded as having their seat in the liver, particularly so with the yellow fever. Speaking of the yellow fever, M. Lucas says: "viewing, as I do, its location in the liver, I am inclined to believe that too great a reliance is placed, even in the most acute inflammatory cases, upon the lancet, and too little upon *emetics and cathartics*. This, in a most especial manner, I consider to be the case, *where the stomach is much affected*. The direct vascular connection between the liver and stomach, through the coeliac artery, as well as the known sympathy between this latter organ, and all the abdominal viscera, sufficiently attest, I think, that the *disturbance of the stomach is dependent upon that of the liver*, and that the surest means of affording relief to the former, is by restoring health to the latter; and this can, in no wise, be as effectually accomplished, as by the administration of such cathartics as are best calculated to meet the grade of action present in the system at the time, aided by *venesection*, as a *secondary* and subsidiary means."

We have made the above extract in order to afford an instance of the general opposition which M. Broussais's system must be expected to meet in almost every nation. The *Médecine Physiologique* teaches us that *emetics* in the commencement of fevers and more particularly of the yellow-fever, are not only improper, but sometimes *mortal* if the *stomach be much affected*, because *the disturbance of the liver is dependent upon that of the stomach*. Both methods of treatment, although directly opposed, have their advocates; and it is difficult, not to say impossible, to determine where the truth may be found. It appears to us, however, that, as it

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ascertained that the various seasons impart different characters to the same disease in various temperaments, common sense would pronounce against one uniform mode of treatment as applicable to an infinite variety of conditions. Hence the doctrine held up by the Americans, and advocated by M. Lucas, is in our opinion more conclusive.

(*On Ovarian disease*—by Dr. W. G. Reynolds, of New-York. The writer describes a case which he met with in a woman 35 years of age, in the following words: "The external appearance was that of a case of gestation arrived at its full period; but on examination per vaginam, I found the uterus rather small and flaccid, pressed up against the pubes, the upper portion of the vagina raised forward, and a firm resistance superiorly and posteriorly to the ends of the fingers. The bowels were regular; appetite and digestion good; catamenia irregular in time and quantity, and they soon ceased altogether.

"The tumour was immoveable, and in most parts quite firm; it evinced no pain on pressure, except in one point, on a line horizontal with the umbilicus, on the right side, and equidistant between it and the anterior superior spinous process of the ilium. At this point the pain was pretty acute on pressure, and in the course of her suffering became exceedingly severe, at times, the respiration scarcely affected. The countenance a little pale. The pulse rather quicker and weaker than to bespeak good health, but no evidence of any disease of the system."

The author asserts that he derived some benefit from the Iodine in the following manner:

Rx Iodine grs. xlvij.

Alcohol ʒij. M.

Ten drops three times a days, in a little syrup, increasing six drops daily till the symptoms forbid. The dose was daily increased, till seventy drops, three times a day, were regularly



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"Though the patient never was sensible of any disease about the liver, yet that organ was found studded with twenty or more tubercles, as large as hazlenuts, of a semi-pellucid yellow appearance, and schirrous texture, but its colour and dimension were natural. Several quarts of water were found in the abdomen, and a small quantity in the thorax."

Dr. Reynolds now takes into consideration the expediency of an operation in the above case, and alludes to similar cases which have occurred in the practice of M. Lizars, of Edinburgh, and M. M'Dowal, of Kentucky, in which the extraction was made, but, the success of which does not appear to him sufficiently established as to warrant the attempt at so dangerous an operation. He also suspects inaccuracy in the reports of those similar cases cured by puncture and tapping, then tubes and tents, and seizing hold of the sack with a forceps, and gradually wresting it away. He further states that he has no knowledge of the disease having ever occurred before puberty, nor after the catamenia ceases, and has heard of one case that disappeared spontaneously, after thirty years' standing. Iodine is, in his opinion, worthy of further trial.

The next article in the Recorder, is a paper on the *duties and qualifications of a Physician*, from which the following extracts may not be unacceptable to our readers. The author is M. W. Tazewell, of Virginia.

"Sir W. Temple has asserted that an honest physician is excusable for leaving his patient when he finds the disease growing desperate, and can, by his attendance, expect only to receive his fees, without any hopes or appearance of deserving them. To such opinions, no humane physician should yield assent. He may discontinue his charges for unavailing attendance, but it is as much his duty to alleviate pain, soothe mental anguish, and smooth the path of departing life, as to cure disease,

"The *esprit de corps*, says Percival, 'is a principle of action founded in human nature, and when duly regulated, is both rational and laudable. Every man who enters into a fraternity, engages, by tacit compact, not only to submit to the laws, but to promote the honour and interest of the association, so far as they are consistent with morality and the general good of mankind. *Some general rule should be adopted by the faculty in every town, relative to the pecuniary acknowledgements of their patients, and it should be deemed a point of honour to adhere to this rule, in as far as circumstances will admit.*"

To this we cheerfully agree, and it is our conviction that were this measure adopted and strictly obeyed by the medical practitioners of Quebec and Montreal, it would greatly tend to maintain that friendly understanding which it is so desirable should never be interrupted, and which is always conducive to the honour of the profession and to the benefit of its members.

M. Tazewell continues, "*Common consent has made it a law, that all members of the Faculty, and their wives and children, should be attended gratuitously, by any physician they may think proper to apply to; but visits should not be obtruded officiously by others, as they might interfere with that choice in which confidence is reposed.*"

"Dr. Heberden says: I have retired from the practice of physic, I trust from no wish to be idle, which no man capable of being usefully employed has a right to be, but because I was willing to give over before my presence of thought, judgment and recollection were so impaired, that I could not do justice to my patients. It is more desirable for a man to do this a little too soon, than a little too late, for the chief danger is on the side of not doing it soon enough." Dr. Percival, on the same subject, emphatically says: 'Let the physician never forget that his profession is a public trust.

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properly rendered lucrative whilst he fulfils it, but which he is bound in honour and probity to relinquish, as soon as he finds himself unequal to its adequate and faithful execution." We believe the profession will unanimously concur with us in expressing the wish, that this wise and salutary advice were more uniformly complied with than it has heretofore been in this country. The following paragraph is also worthy of being transcribed.

"The learned and classical Percival, in an address to the faculty on the important and honourable light in which our profession is viewed, in every part of the world where science is taught and respected, observes, 'It is your honour and felicity to be engaged in an occupation, which leads you, like our blessed Lord, during his abode on earth, to go about doing good, healing the sick and curing all manner of diseases. To you learning has opened her stores, that you may apply them to the sublimest purposes, to alleviate pain, to raise the drooping head, to renew the roses of the cheek and the sparkling of the eye, and thus to gladden, while you lengthen life.'

*Treatise on Temperaments*, by Dr. James Worrell of Virginia. The author acknowledges his obligations to the eloquent and flowery Richerand for the use he has made of his beautiful definitions of the temperaments; for which we refer the reader to some preceding numbers of our Journal. The paper concludes with some remarks relative to the state of the city, with regard to cleanliness.

*Case of Hepatitis*, by Dr. W. D. Price. This paper is of considerable interest to the profession, as it presents a remarkable instance of that peculiar character of hepatitis so often met with in warm climates. The following case occurred on board the ship Solon, whilst anchored on the coast of Java, in one of the crew.

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"The liver is so often the seat of disease in one form or another, that hepatitis may be considered the grand epidemic of India ; it is supposed to constitute more than a fourth part of the usual quantum of disease. Why causes which prevail in India should give rise to affections of this viscous, to a degree far exceeding other regions situated under similar latitudes, is a question not easily solved.

"Though every inflammatory affection of the liver receives the general name of hepatitis, yet the Indian hepatitis embraces various diseased conditions of this organ, differing most materially in character, causes, and termination.

"Jack, a sailor, 25 years of age, with hair and eyes light, complexion florid, and having an habitual stoop, shipped on the first of March, 1818, from New-York, as an able seaman. On the 11th of July arrived in Batavia in good health. September 18th he was attacked with dysenteric symptoms, accompanied by bilious dejections, and a yellow tinge of the skin and eyes. Although in a great measure relieved by an emetic and mercurial cathartics, still, from the difficulty of restricting sailors, in port, to a proper regimen, his bowels continued in an irregular and disordered state during the whole time he remained on the coast.

"November 2d, forty-five days after his first attack, the ship sailed for America, and on the 10th he joined in rope making, and other light work then going on.

"December 1st, Whilst yet within the tropics, his bowels complaint became so painful as to confine him the greater part of the day to his berth. He now acknowledged (for the first time) that he felt an obscure pain about the right side, and occasionally at the point of the corresponding shoulder ; his skin sallow, though rather soft, tongue and pulse natural.

"Aware of the insidious character of hepatitis,—the disease could no longer be mistaken ; mercury both by pill and friction, was immediately resorted to, aided by blisters over

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the right hypochondriac region, saline laxatives, and (when tenesmus became urgent) emolient enemas.

"Dec. 7th.—Mouth sore, and mercury discontinued.

"Dec. 10th.—Recommended friction.

"Dec. 14th.—Owing to boisterous weather, and the wet uncomfortable state of the fore-castle, the mercury is again suspended.

"Dec. 17th.—Mouth still sore, patient feeble, skin sallow, says he feels quite well, and requests to be permitted to do light ship's duty during the day ! This is granted.

"Dec. 24th.—Seven days after going to work, in S. lat. 20, W. long. 6, he was roused from sleep by a fit of coughing, which brought on vomiting, succeeded by copious expectoration of purulent matter, deeply tinged with blood.—The discharge continued some time, with but little variation either as to quantity or appearance. Coughing, when violent or long continued, caused blood to flow more abundantly, and at intervals almost unmixed with mucus or matter.

"Jan. 10th, 1819.—The expectoration much lessened, and by the 17th, it ceased entirely. The patient was now restored to health, and continued, from this time, to perform the usual duties of a seaman. A light and nourishing diet, aided by tonic medicines, constituted the only remedies during the suppurative stage of the case.

"The only comments of which this case appears to admit, are referable to the treatment of the primary symptoms.—Had a proper course of mercury been instituted as soon as the flux indicated an intractable character, it is highly probable the disease would have yielded, and the patient thereby escaped a tedious and dangerous illness. This conclusion was founded on the fortunate issue of several similar cases under the mercurial practice ; and, still farther, by the additional experience obtained during a subsequent visit to India.

"Dr. Curtis had previously observed that where suppuration occurred, and was discharged through the lungs or gall ducts, the patient never recovered."

The article next to the foregoing, is a paper on the surgical anatomy of the parts concerned in the operation of tying the *arteria innominata*, by that eminent surgeon, Dr. Horatio G. Jameson. It is replete with the most valuable and scientific observations, but as the number of the Recorder before us contains but a continuation of what has appeared in other numbers which are not yet received, we shall endeavour to procure them, in order to enable us to give a satisfactory analysis of this highly interesting article.

*Case of Prolapsus Ani, in which the gut was extirpated*, by Dr. J. W. Brite, of Kentucky. The subject was a coloured child, 3 years of age, who had been laying with its bowels down for some five or six weeks, and had laboured under diarrhœa for eight or nine months. "He was much debilitated and reduced, with about five or six inches of rectum exposed which was much swollen and indurated, with several ash coloured spots on it, with a firm stricture about two inches from the edge of the sphincter ani muscle. Attempts at reduction were ineffectual. Nineteen days after, the prolapsus was covered with gangrenous spots; the child was restless, labouring under much fever and debility—loss of appetite, pulse feeble and frequent; ordered wine and bark internally, and a strong decoction of the bark of fetid buckeye, to be thickened with wheat bran, and frequently applied to the part warm. (This last remedy, as an antiseptic, is superior to any given in our dispensaries.) This had no effect, and the operation was determined upon two days after. I accordingly proceeded to remove the whole of the tumour, by a direct excision of all that portion of rectum that was exterior to the sphincter ani muscle; the incision was made about one and a half inch above the stricture of the

prolapsed which were several times cure rest, a rye mush ed and set tion."

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prolapsed gut. There were two small bleeding arteries,  
which were secured by ligatures. Portions of colon were se-  
veral times afterwards thrown out. Opium was given to pro-  
cure rest, and the diet was ordered to consist exclusively of  
rye mush and maple sugar, and cool water, *after* being boil-  
ed and settled. These kept the bowels in a soluble condi-  
tion."

About 40 days after the operation, Dr. Brite found the intes-  
tine retracted about two inches from the anus, and firmly clo-  
sed, which he attributed to irregularity in the diet prescribed.  
He resolved to open it, which he did by forcibly introducing  
a grooved director, and in it a probe-pointed bistoury, and  
slit up the gut about an inch, upon which there flowed out a  
quart or more of liquid feces. The mother was directed to  
introduce twice a day her finger entirely within the gut, and  
keep it open, which she did for ten or twelve days, when the  
incision healed on its edges and left a perfect anus. The  
child rapidly recovered, and is now in perfect health.

We are not aware of a similar case to the above being yet  
on record, and take the liberty to suggest the propriety of  
having recourse to the improvements which modern surgeons  
have introduced in the operation for an artificial anus in cases  
of hernia, in order to obviate the difficulty of securing the  
intestine, which appears to have been the only obstacle to a  
speedy cure of the case of Dr. Brite, instead of an introduc-  
tion of the finger, which, however successful in this case,  
does not appear to be altogether convenient.

*Observations and facts on the use of Tobacco in Tetanus,*  
by Dr. S. Jackson, Pennsylvania. A man injured the back of  
his hand with a sharp splinter of bone. "The wound was  
closed, and apparently well, at the end of three days, when  
the first symptoms of tetanus supervened. He was now la-  
bouring under severe pain, which came on in sudden twitches  
every two or three minutes, and reached from the wound up

the arm to the neck and jaw. The arm was frequently convulsed with these fits of pain, and so possessed with spasm, as to be constantly as inflexible as iron; the jaw was partially locked, the face flushed, skin moist, respiration hurried, the mind impetuous and troubled but not incorrect, the pulse at 100, quick and salient; the pain at the ensiform cartilage shooting through the breast to the back, which is so constantly pathognomonic of this disease, was very severe.

"A free incision was made into the scar of the wound, and filled with strong juice of tobacco prepared for chewing. Half a pound of this article was then boiled with two or three quarts of water, and the decoction thus obtained was thickened into a calaplast with ground flaxseed, and thus a poultice was made to envelop the limb from the fingers to the shoulder. The heat was confined by blankets, and the calaplast changed every six hours. A similar application was made at the pit of the stomach, to operate on the whole system through the medium of that organ. He was ordered to nourish himself freely with soup, and to aid his digestion with a little whiskey, an article he had long used in excess.

"Thirty-six hours after the first application, the tobacco produced some nausea, and much vomiting on the third day, when an erysipelas began to spread along the arm, which gave way to low diet and lead water." The patient recovered, with no other treatment. Symptoms of *mania a potu* subsequently came on, which yielded to ten grains of opium given in one dose.

In illustration of the alarming degree to which opium is often necessarily carried in cases of pain and spasms, Dr. Jackson quotes several authors to shew that opium was given in immoderate doses in cases of tetanus, and seems to think that their success is not sufficiently established as to be generally imitated. Without denying the truth of his observation, we must however be allowed to refer him to the

London Medical Journal, will find that intelligent and accurate observation of the symptoms of this instance of the disease.

It is, however, not so common as is generally supposed, that scarcely any cases of tetanus are cured by the use of opium. Having been cured by the use of opium, the cure for tetanus is not so simple as is generally supposed.

Case of Encephalitis. Connected with the disease, and without any other treatment, the disease was cured by the use of opium. The disease was cured by the use of opium.

The last of the series of cases contains a description of the disease, and the mode of its treatment. The disease was cured by the use of opium.

About the same time, Dr. Jackson, in Edinburgh, is a respectable individual, who has been cured by the use of opium. The paper contains a description of the disease, and the mode of its treatment.



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London Medical and Physical Journal for 1819, in which he  
will find that in a case of tetanus, Dr. Painchaud, a very in-  
elligent and successful practitioner of this city, gave one  
rachm of solid opium every day, for nine days. The success  
in this instance is evident from the speedy recovery of the  
patient.

It is, however, a matter of some consideration to observe,  
that scarcely one method has ever proved successful in two  
cases of tetanus. The annals of medicine abound with cases  
of recovery from that dreadful disease, but the fact of their  
having been cured by as many different and sometimes op-  
posite methods, would appear to establish beyond doubt that  
the cure for tetanus still remains to be discovered.

*Case of Emphysema*, by Dr. Archer. This case was un-  
connected with injury of the thorax, but was one "of the  
endless variety of symptoms consequent upon the existence  
of worms in the intestinal canal." Turpentine in glysters,  
aided with calomel internally, brought away a discharge of  
*Ambricoides*, and the child, who was between three and four  
years of age, was soon after discharged cured.

The last original communication in the number before us,  
contains a description of an improved instrument, for extract-  
ing poison from the stomach; with some statements tend-  
ing to establish the validity of Dr. Physick's title to the cre-  
dit of having invented the stomach tube, by Dr. Caleb B.  
Matthews. It appears that Dr. Physick invented the plan  
about the same period that Dr. A. Munro, jr. suggested it in  
Edinburgh, in the year 1797. Several certificates from res-  
pectable individuals are adduced in support of Dr. Physick's  
claim to the discovery. It appears, therefore, that the cre-  
dit of the invention rests with those two celebrated surgeons.  
The paper concludes with a description of the stomach tube,  
illustrated with a plate.

*New-York Medical and Physical Journal.*—(No. 20.)

*Case of amputation of the lower Jaw*, by Dr. J. Wagner of Charleston, S. C. (with a plate.) The inferior maxillary bone on its left side was enlarged, and the tumour which it occasioned, extended from the first bicuspid tooth to the angle of the jaw, and near the root of the condyloid process, then spreading itself laterally over the alveolar processes, and inwards beyond the middle line of the mouth, pushing the tongue and uvula to the opposite side, and closing completely the view and passage into the fauces. The patient attributed the disease to his having had the only remaining molar tooth extracted, which produced great pain in the jaw accompanied by a copious hemorrhage, that continued, at intervals, a year or more.

“ The tumour after it was removed, was about the size of a foetal head at the full time ; the bony character of the jaw was completely altered, its earthy parts having been absorbed altogether on its outer side, and very much diminished in the whole course of the inner plate, which, however, could still be traced. The swelling then might be said to be contained within a sac, which appeared to be nothing more than the periosteum—It contained a soft medullary substance, easily broken down with the finger, of a whitish colour, and situated between the septa, apparently answering to the sockets of the teeth. The exit of the artery, at the mental foramen through the periosteum, was very apparent ; it was here that the most blood was lost. In this situation all the bony appearance of the jaw was quite removed. The submaxillary and one of the absorbent glands were removed with the tumour.

The writer takes occasion to advert to the unnecessary hazard a patient is exposed to, who has a ligature applied to the carotid artery before he submits to this operation. “ For

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by Dr. J. Wagner, the inferior maxillary tumour which is applied to the ankylosis of the condyloid process, and the alveolar processes, and the mouth, pushing the teeth, and closing communication. The patient, the only remaining great pain in the jaw, that continued, and

was about the size of the character of the jaw, having been absorbed, much diminished in size, however, could not be said to be completely nothing more than a bony substance, of a whitish colour, and answering to the socket, at the mental foramen, very apparent; it was in this situation all the time removed. The substance was removed with

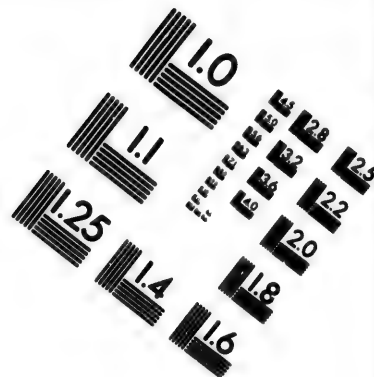
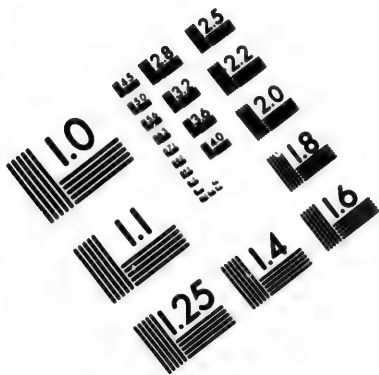
the unnecessary hazard of a ligature applied to the artery, operation. "For

he, admitting that large and important branches are cut, by accident or otherwise, will a ligature of the carotid on one side secure the patient from hemorrhage, especially if, in applying the ligature the day previous to the operation, the vessels have time to enlarge? Again, besides the unnecessary extension of a very severe operation, endangering the life of the patient, I must say, it is a very unscientific mode of treating the disease, both with a view of lessening inflammation and advancing the cure. I have always been accustomed to consider the necessity of securing a large blood-vessel, in compound fractures of the extremities, as the most untoward circumstance attending such a case; and surely, the local and constitutional means we possess of keeping down arterial action, are quite sufficient, without cutting off a supply of blood, equal very nearly to one fifth of the whole system."

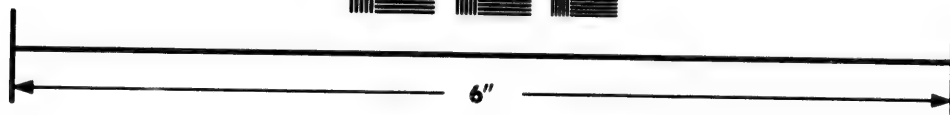
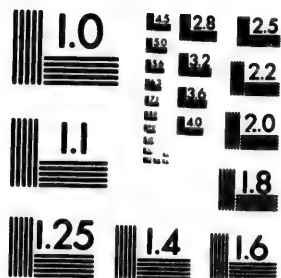
In illustration of his opinion, he refers to two similar cases related, the one in the Boston Medical Intelligencer, and the other in the Carolina Journal of Medicine. "In neither of these cases was the carotid tied, nor was there any bleeding to produce alarm; and, in both of them, there was such a reproduction of bone as to sanction the idea that the jaw would, in time, be again perfect in form, if not in function also."

*Account of several cases of Inflammation of the Larynx and Trachea*, by S. Webber, of Charleston, N. H.—Out of eight cases, six of which happened to males, the writer points out three which bore a greater resemblance to croup than to well defined laryngitis, "and must be considered such, if we hold strictly to the common opinion that laryngitis is peculiar to adults. My own belief is, that the two diseases are essentially the same, and merely modified by the changes of structure that take place in the organs of speech at the age of puberty, which render the larynx more peculiarly the seat of the inflammation in persons that have passed that period of life."





# **IMAGE EVALUATION TEST TARGET (MT-3)**



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Dr. Webber thinks that cases of inflammation of the trachea not extending to the larynx, and of the larynx not embracing the trachea, are very seldom met with, and that both in general participate in the affection, though from the difference in the comparative volume, vigor, and tone of the vocal organ, at different periods of life, the weight of the disease is more prone to fall upon that organ at one period than at another.

*Contribution in Medical Practice*, by Dr. J. W. Heustis of Alabama. Among several cases which are related, we select the following interesting one, which is nearly similar to that which occurred to Dr. Morrin of this city, and inserted in our fourth number. The subject was a negro boy about 14 years of age, who was thrown senseless by a tree falling upon his head. He was in complete stupor, the body cold and pulse feeble. There was an irregular depression of the left and right parietal bones, from which the fracture extended in a fissure to the orbit of the eye, which, together with the os frontis, was bursted open nearly half an inch in width. The membranes of the brain above the orbit were broken, and portions of the brain were oozing at every pulsation. After the dressing, cream of tartar was given as a constant drink and some castor oil. On the sixth day the dressings were removed, and in a month more he was perfectly recovered.

The number before us contains several other articles of great interest, which want of room compels us to postpone to our next.

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#### *The Boston Medical Intelligencer.*

**"Incombustibility of wood.**—It is affirmed that a professor at Munich, of the Academy of Sciences, has discovered a method of rendering wood incombustible. He has combined caustic alkali in solution with a certain earthy substance, washed and

distilled, and surface, which kinds of Theatre Royal two small the professor in both, the expense of

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ation of the trachea, the larynx not enlarged, with, and that both sides of the trachea were free from the disease, and tone of the trachea was good. The weight of the diseased trachea at one period was

Dr. J. W. Heustice, who is nearly similar to this city, and inserted a negro boy about the age of a tree falling, or the body cold, or depression of the trachea, the fracture extended to the larynx, together with an inch in width of the trachea, and were broken, and the trachea pulsation. After a constant drink of the dressings were perfectly recovered.

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that a professor discovered a method of combined caustic and antiseptic, washed and

applied, and applied on the wood, to which it gives a nitreous surface, which renders it also impervious to water, and to all kinds of humidity. The Architectural Committee of the Theatre Royal at Munich have made trial of this method on two small buildings, one of which was prepared according to the professor's plan, the other not. Fire having been lighted in both, the one was burnt, the other received no injury. The expense of the application was only two francs for 100 feet."

*"Sugar from potatoes.*—L. Gall, a German, has published a pamphlet of 83 pages, to show the advantage of making sugar from potatoes. He says every farmer can make sugar in great or small quantities, and render the importation of foreign sugar unnecessary. Potatoes he asserts, are better than beets for sugar, 100 pounds of the former giving 11 pounds of sugar, while the same quantity of the latter gives only four pounds."

*"Sugar from wheat.*—A Mr. Wimmel, of Berlin, Prussia, a brewer, has discovered a method of obtaining twenty pounds of good crystallized sugar from a Prussian bushel, about 93 pounds, of wheat. The Paris papers consider the discovery of immense importance. Mr. Wimmel has applied to the French Government for a patent."

*"To render shoes and boots water-proof.*—Add to a pint of drying oil, two ounces of bees' wax, two ounces of spirits of turpentine, and half an ounce of Burgundy pitch, to be carefully melted and stirred over a slow fire. With a brush apply the mixture while warm, and when one coating is dried into the leather, repeat the application till it is saturated. The shoes should not be worn till they are perfectly dry and elastic; they will afterward be found not only impermeable to wet, but soft and pliable, and of much longer duration."

*"Hydrophobia.*—A young lad recently died in Antrim, Penn., of hydrophobia. He had been bitten about six months

previous by a mad fox, but the disease did not appear till forty-eight hours before his death.

*"Ossification of the Spleen.*—The following case tends to confirm the proofs which already exist, that, whatever office the spleen may perform in the animal economy, it is not of primary importance to life, or even to health. In opening the body of a person who was drowned, the spleen was found converted into a hard bony substance. The periosteum, peritoneum, being taken off, this bone was found to be white and smooth; the vasa brevia were not ossified; internally, it was cellular and spongy, and contained in the middle a fleshy mass the remains of the viscus. The most remarkable circumstance is, that the individual had always enjoyed perfect health."

The institute of France reports the case of a deaf and dumb boy, nine years of age, named Honoré Trezel, of Paris, who was perfectly cured by the introduction of injections into the eustachian tube—which injections were not followed, as is sometimes the case, by severe pains and fainting, nor by suppurations in the interior of the ear, which destroy the good effect of the operation.

It is with regret that we announce the death of SCARPA, formerly Professor of Surgery in the University of Pavia. VACCA BERLINGHIERI, or as he was more frequently called VACCA, died a short time before. Thus Italy in a short time has lost two of her brightest ornaments in the profession.

Dr. Barclay, the celebrated teacher of Anatomy in Edinburgh, also died at his house in Argyle-Square, on the 21st of August last, at the age of sixty-six.

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PAIN is the living destructive cause or cause of the disease through which it is evident and the other to infer, the organ, which is essentially described

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*Remarks on the Theory of Pain.* By FELIX PASCALIS, M. D.  
of New York.

PAIN is a sensation of soreness, occasioned in some parts of the living body, by the contact of certain offensive or destructive substances. It may, also, be created by an internal cause or condition of disease, and transmitted to the sensorium through the ramifications of the nerves. Its immediate cause is, therefore, anterior to the consciousness of it; and as it is evident, that two different agencies, the one *external*, and the other *internal*, can equally create pain, it is natural to infer, that the pathological change effected in a part or organ, which has become painful in the first case, differs essentially from the second, and that neither can be accurately described or ascertained.

Whether slight or acute, pain mars the enjoyment of life; it disturbs the animal functions, it impairs our perceptions, it is contrary to all the purposes of existence; but it is a salutary warning of the danger, or of the diseased condition, which threatens or is assailing our life; and for the medical observer, it opens an extensive field of indications, inferences, and prognostics, which he can turn to the greatest advantage, and which it is our present object to investigate and to explain.

It may be objected to our statement, that there are pleasurable sensations, which, by their intensity and continuation,

may become more intolerable than ordinary pain. Again, that in many natural acts, pain is subservient to relief; that it concurs to the formation and preservation of life; that all animated beings are endowed with the power of organic exertions, which, however painful, are, nevertheless, instrumental in reviving healthy functions, which were suspended. All these positions are true, but they are exceptions; and as they are limited, each of them to certain particular cases, they cannot invalidate our present subject, restricted as it is to the purpose of judging and removing the causes of disease.

1. Pain indicates to our perception the characteristic forms which appertain to the different parts and tissues from which it originates; and this instinctive idea is so far unerring, that no sufferer or patient can be mistaken or deceived, unless his mental faculties are impaired or destroyed.

2. An ordinary headache differs from that *cephalgia* which is called *clavus hystericus*, and sometimes excites furor or madness; nor does this in any way resemble a violent toothache. Choleric is another sort of pain, nowise resembling a paroxysm of *illac passion*, nor like an attack of *enteritis*. The gout may often be confounded with *rheumatism*, by those who have never experienced the first. None of these pains can be compared to those from burning, scalding, nor to the acute sensation excited by a knife cutting through flesh and limb, &c. It is remarkable, that in no language does there exist a vocabulary to describe one pain different from another. Except in degree, the sufferer can only designate the part, or the seat of it—how far it extends—how deep it is felt.

3. We have stated that pain was transmitted to the sensorium by and through the ramifications of the nerves. Pleasure is transmitted in the same way, and is actively felt, so long as the power of transmission is kept up by the laws of vitality. It must follow, therefore, that painful and pleasurable sensations all require sound and healthy organs, with a

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all possession of their living attributes ; and that in propor-  
tion to the impaired state of their functions, or to their decay,  
pleasure or pain must ultimately be diminished or abolished.  
It is, therefore, our axiom, that the greater the pain, the  
greater must be our confidence in the power and energy of  
life.

4. The celebrated nosologist, SAUVAGE, and his followers,  
were strangely mistaken, by constituting a distinct class (do-  
lores,) of those diseases that are more particularly marked by  
pain. Pain, of itself, is not a disease, but only the effect of  
disease ; its absence, when it ought to exist, is a greater  
proof of disease ; and it is by impairing the functions of life  
only, that pain can create a disease.

5. It is another law governing pain, that its development  
or intensity, is in direct ratio to the more minute expansion  
of the nervous and muscular fibrils entwined together, by  
heat, by swelling, and by imperfect granulation of the part  
affected. The division of a large or visible nervous cord, or  
its contact with any offensive substance, are much less pain-  
ful than they would be on the smallest filament, extended to  
external surfaces, or to any extremity of the body ; because  
these are connected with many more plexuses and ganglia,  
and even with the whole nervous system of a region or of  
a limb. Thence it happens, that excrescences or fungosities in  
the bottom of ulcers or cancers, and carcinoma, are exquisi-  
tely painful, and constitute the torment of such as are af-  
fected with those diseases.

6. Pain, inflicted by wounds, by fire, blows, and by sur-  
gical instruments, seldom can disturb the laws of the animal  
economy. In those ages of ignorance, when torture was  
legally applied, in order to extort the confession of a crime,  
the jurisdictional practice was authorized by its harmless ef-  
fect on health and life, unless it was continued too long, or  
produced organic lesions ; for which medical men were ap-



pointed, to moderate or suspend an undue degree of it!!! Extended lacerations of flesh and limbs, deeply corroding ulcers, tearing and comminuting of bones, appear not to have any direct agency in producing disease. It is not, therefore, irrelevant to observe, that gouty and rheumatic patients, after long and repeated doleful paroxysms of their complaints, are proverbially cited as patterns of perfect health; and, if impaired, it has been oftener by regimen and medicines they were submitted to, than by their incessant sufferings.

7. There are obscure pains, or certain compound sensations and feelings, in hysteria, melancholia, &c. which a sufferer always refuses to describe or to compare to any kind of ordinary and known sensation. It appears that such pains so far vitiate all feelings in life, as to make it horrid and absolutely intolerable. It is certain, that many individuals thus affected, have, and do daily, commit suicide; and even that they execute it, after having, with reflection and ingenuity, escaped detection and vigilance—having shown no mental derangement, or illusory impressions of grief and terror!—In many instances of this *zoophobia*, of which we have been circumstantially witnesses, we have not been so much at a loss to account for the victims having always laboured under some deep impression of religion, love, or honour, or from disease, as to detect the state of their feelings, and their unhappy condition and resolutions.

Any part of the body which has long been the seat of pain becomes ultimately so far disorganized, as to lose its sensibility. This phenomenon has been accounted for by the erosion or contraction of the nervous fibrils. It eventually arises from a totally different cause—a disease immediately impairing sensations in the arterial and medullary systems. Whatever portion of vitality is then spared, is barely sufficient to support existence; whilst it is abolished in the part in which the disease is more particularly seated. An aneurismal sac, for in-

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stance, bearing and striking upon viscera, nerves, and bones, may destroy every thing around it, without ever causing any pain. For a similar reason, deeply seated diseases have been discovered by autopsy, in the stomach, the liver, the spleen, the kidneys, the uterus, and in the urinary bladder, which had never been suspected or manifested, in any stage of an unhappy and lingering existence, owing to the absence of local pain.

9. To this law of insensibility to pain, another is to be added, which results from it. As soon as a pain, caused by any external agent, or created by sympathy, subsides in degree, or is abolished entirely, without the removal of the cause producing it, then one of two effects must take place: either the pain is to be revived, or translated to another part of the body, or an aggravation of disease will result, and affect the whole system.

10. The knowledge of this law is of the greatest importance in practice, and we will illustrate its regular results by several facts and cases never to be forgotten.

A young woman, mother of two children, having reached the eighth month of gestation, was seized with an excruciating pain on the sinciput, which she compared to the tearing of a boring instrument into the brain. She was distracted, delirious, and, by intervals, prone to madness. Three days had elapsed, during which, a variety of remedies had been applied, without any other relief than what could be produced by stupifying opiates. Her mouth and fine teeth had been repeatedly examined, without giving any indication of the cause of her suffering; until the attending physician, still persisting in the opinion of some hidden cause, endeavoured to discover, in the light of sun-shine, which of her teeth might have lost its transparency. One of the lower molares was found opaque, and immediately extracted. It was sound in the prongs; but when broken under the hammer, an in-

ternal caries, and a quantity of fetid pus, were discovered. I need not add, that this *clavus hystericus* was suddenly and radically removed.

11. The cessation and translation of pain (metastasis) from one diseased part to another, is a common occurrence in many old ulcers, fistulæ, cancers, scirrhi in utero; also, during a sickly state of pregnancy, and difficult parturition.

I have seen a woman, who laboured under the characteristic symptoms of phthisis pulmonalis, during each period of her pregnancy. She was always fortunate enough to be delivered in due time, and before the purulent stage of the disease had commenced. She was thereby perfectly cured.

Another instance, more surprising, however, was that of a violent attack of pleurisy, after exposure, which so perfectly simulated labouring pains, at the eighth month of gestation, that the patient was simply left under the care of her midwife; yet, after days and nights of fruitless expectation, a physician found that she had nothing but pleurisy, with translation of pain from the chest to the uterus. This was perfectly removed by two successive bleedings. These put an end to the prominent and deceptive symptom, and did not at all interfere with the remaining month of gestation, which terminated very happily.

In a similar case, which occurred in a delicate and weakly woman, in the fifth month of her pregnancy, the pain fluctuated; appearing sometimes in the chest, at others in the uterus. One bleeding could not prevent an abortion, with profuse hæmorrhage. The pain returned to the chest with less violence, but attended with dyspnœa; and the woman shortly after died.

12. Thus, if a pain disappears from its natural seat, and is no where reproduced, we have said, that an aggravation of disease may be anticipated. Yet, a state of convulsion suc-

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ceeding to the pain is a *locum tenens*, another phenomenon which retards all danger, even that of mortification.

An old gentleman, labouring under a small inguinal hernia, unfortunately displaced his truss, in the act of leaping over a fence, and strangulation took place, with so little pain, however, that he did not perceive it. He was, however, taken very ill, with vomiting, as if the stomach was much disordered, and treated, during three or four days, for a fever of bad character. A convulsive hiccough took place, so violent as to prevent deglutition. In that alarming state, the pulse being very tremulous and intermitting, the very small strangulated hernia was discovered, in which pressure by the hand could not produce any pain. No discolouration of the skin had taken place. By the aid of a large bleeding, and by means of the taxis, it was soon reduced, and the patient set on foot next morning.

13. It is here to be observed, that acute diseases, attended with inflammation, are productive of violent and constant pain; as, for example, pneumonia, pleuritis, enteritis, nephritis, &c. But, eventually, they are not so fatal as other acute diseases, or fevers, of a bilious and typhoid character, autumnal, malignant, and ataxic; and in these, pains are neither continual nor frequent, but mostly vague & obscure. It may be said, that the treatment of inflammatory diseases is generally more successful, because it is better understood than that of the latter kind of diseases, as it is founded on the antiphlogistic principle of depletion. *Cæteris paribus*, it is evident, however, that malignant fevers, and typhus, which excite no pain, are more fatal and dangerous; but if in the same, it should happen that great pains in the limbs should take place, they certainly prognosticate an immediate recovery.

A girl, of a strong constitution, nearly twenty years of age, had passed through the first and second stages of the yellow

fever. On the fifth day, black vomit, hæmorrhage, and jaundice, took place, and she was shortly expected to die ; when she suddenly complained of great pain in her limbs.— This was aggravated by the touch, which she could not bear, without crying, when it became necessary to feel her pulse at the wrist or ancle. It had happened, that her removal, as ordered by public authority, into a hospital, had been neglected ; consequently, if she died where she was, the responsibility must certainly fall upon me. But trusting entirely to the last prognostic, and assured that her dreaded removal could only aggravate the disease, and prevent a happy result, I resolved to keep her ; and she rapidly recovered, without delay or difficulty.

14. The appearance of a febrile disease, during the absence of a pain, or pains, which naturally ought to take place, is clearly evinced by the following case.

A gentleman, thirty years of age, of a strong and regular make, had contracted a severe tertian fever, in one of the Southern States where he resided. Every means had been used in vain ; even the change of seasons could not break or suspend the regular accession of his tertian paroxysms, which generally were violent. He, therefore, resolved to travel to the North, to seek for a cure. He had now laboured eighteen months under the disease, and complained of a sensible decline of strength and spirits. I was struck by the contrast of his good and youthful, although pale, countenance, with his black mouth and demolished teeth, a few only of which remained sound. For this he accounted to me, by accidentally having drank, in his youth, some poisonous fluid, which had been promptly rejected ; but he assured me that he never suffered any pain from his rotten teeth, although, by close examination, I found that but few were not decayed, and that at several points his gums were in a morbid condition. Although I would not then pretend that this was the cause of

his protrusion of his mouth, the action of the tongue, of as many as missing, surprised to direct, nouncing decayed, his visit moved, experienced, tude, and the doctrine points of

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his protracted intermittent, it appeared to me that the state of his mouth, evidently fetid, would interfere with the operation of medicines. I, therefore, insisted upon the extraction of as many stumps as could be conveniently removed, promising further advice. The gentleman retired, apparently surprised, and leaving me but a feeble hope of his compliance to directions. He returned, however, ten days after, announcing his perfect cure, obtained by the extraction of eleven decayed teeth and stumps, to which he had submitted, after his visit in my office. He intended to have a few more removed, if the fever returned ; but after three periods, he had experienced none : and by a liberal fee, he manifested gratitude, and proved by the happy result of his case, the truth of the doctrine I have here endeavoured to develop, in various points of view, by a reference to particular cases.

15. But another inference, from the numerous instances we have detailed, may be made, of their great utility in, and extensive application to, practice, if, on examining the laws of pain in the human body, we find a regularity of sympathy, or connexion, between the organ or viscus, which, by its actual condition of disease, sends its pain to, or shares it with another part of the body.

Taking, for example, the cases of external injury on the head, whether a fracture, a depression, or a contusion, it is well known, that either of these accidental lesions will induce a greater or less morbid succession of symptoms of the stomach ; as, vomiting, cramps, or pain ; and as long as any such cause exists, the like effects are alternating with, and are only relieved by, symptoms of coma or torpor. This occurs even in consequence of a trifling contusion of the head, on or near the sutures, through which some nervous fibrils have affected the dura mater. I have seen the fact exemplified, in a boy nine years old, who, in consequence of a contusion, which, however, was so trifling that no opera-



tion on the part was deemed proper, until the incessant return of the above symptoms made it necessary to cut through the scalp and the pericranium, and to abrade from the surface, and on the suture, the filaments which thus had excited so much mischief and danger. But if a sympathetic affection of the stomach could be excited by so slight a cause, would we see a sufficient reason, in a case of chronic internal disease, attended with particular and severe affections of the stomach, to suppose that they proceed from cerebral congestion or distension?

16. If we direct our attention to another analogy or law of sympathy as evinced in gout, it will equally guide our minds to the source of that destroyer of all comfort in an advanced period of life. The lower extremities, in which the gout establishes its dominion, are those in which the smallest injury in the tendons or muscles, immediately excite spasms or convulsion in the upper organs of respiration, digestion and principally mastication, constituting *tetanus*, *opisthotonos*, *emprostotonos*, or a convulsion of all the muscles surrounding the organs of digestion and respiration. This terrible kind of convulsion, it is known, terminates life by the abolition of respiration and digestion, and when commenced, it is well known, ordinary remedies can neither moderate nor suppress its progress. But if these principal organs can be sympathetically affected by the lower extremities in cases of deep injury or lesion, should we not suspect, or infer, that when they excite excruciating pains, these are consentaneous with, or to the organs of digestion and respiration, which are all gorged, obstructed, debilitated, and, in fine, disabled by habitual abundance of food and by intemperance? As yet, no better remedy has ever been found against the gout, than perfect abstinence.

17. Again, rheumatic pain, whether acute or chronic, will offer us by analogy, a clue to its true and unquestionable

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source. For such is the ordinary result from injury or lesion of any limb or part of the body, that soon after it swells, and an influx of blood or *humours* takes place in it. This is the fact in every case of tearing, of bruising, or of fracture of bones; I may add, of luxated joints. As the swelling increases, the inner capillaries become more distended; the vein, and with it inflammation, are manifested. It is a particular fact in those circumstances, and well ascertained by autopsic observation, that the inner parts of an injured limb, such as the periosteum, aponeurotic membranes and muscles, always appear as if they had been injected with red blood.—The pain therefore demonstratively results from that pathological state, and to it we may attribute the phenomena of rheumatism; the more so, as this complaint is soon after accompanied with heat, swelling, and redness. Rheumatism, therefore, announces plethora in the part of the body which it affects, perhaps greater than the whole system, owing to its declivity, or to some other cause. It is now left to the decision of the practical readers of these remarks, whether rheumatism be not better treated by depleting and antiphlogistic remedies, than by any others!

18. The *tic douloureux*, *neuralgia*, a prodigiously and exquisitely painful disease, may even be adduced in confirmation of the present theory.

French physicians and surgeons have written much, and commented upon this disease more than those of any other nation. The celebrated Louis cured it by dividing a nerve, the inferior maxillary, or third branch of the fifth pair, passing out on the side of the chin. HEURTLOUP effected a cure also by the magnetic operation of an iron mask. MEGLIN has done more than all, by his pills of hyoseiarnus, valerian, and white oxyd of zinc. I could account for all these cures, although those and other French writers have left the disease involved in the same mystery it had always been in. A vener-

able physician, Dr. JONES of the city of New-York, who had tried, I believe, every one of those remedies, died truly a martyr to it ; having been frustrated in every attempt to remove it. From him, and in cases attentively observed, I have been satisfied, that the pain of the *tic dolooureux* always exists on one, and the same side of the face ; that the sufferer never can designate the very point from which it originates, from the eyebrows down to the chin ; and that although the pain may disappear during long intervals, it is equally, and as often, renewed, or brought on, by external or moral causes, besides temperature, surprise, motion, light, or noise, and by any object which particularly strikes the senses. In the case of an old woman, the pain was twice removed and suspended for a long while, by a considerable hæmorrhage, once from the nose, and at another time from the socket of a tooth, after extraction, on the painful side of the face. The pain unexpectedly ceased, and she sunk, with the loss of her perceptions, and with asthmatic symptoms. CABANIS informs us of internal suppuration having been found in the brain of a person afflicted with the *tic dolooureux*. From all these facts and authorities, I presume that this kind of neuralgia is a *hemiplegic affection*, and that it is in every instance to be attributed to some disease in the brain, on the side opposite to that in which it is invariably felt.

19. In conclusion, I may then recapitulate, that pain is always the effect of organic disease, proportioned to the degree and importance of the part affected in the system ; that the sensibility of our organs being different in degrees, and sometimes null, it is a preservative law of nature, that whatever evil befalls any part of the human system, should be felt in another, according to the distribution of the nerves, or according to the laws of sympathy. The evolutions of pain well observed, may, therefore, lead us frequently to the discovery of the nature, and of the cause of the most obscure ailments which we are called upon to cure, or to relieve.

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In addition to the practical advantages which may be deriv-  
ed from the theory of pain, it may not be irrelevant to con-  
sider those which may result from it, in a moral point of  
view. "Pain not only imparts to us useful lessons, but it con-  
tributes greatly to the strength of the constitution ; it im-  
plants steadiness in the nervous system, and diffuses more e-  
nergy and equilibrium to the muscular fibres : it is, however,  
necessary, that pain should be assisted by a proportionate  
degree of reaction, and that nature should always be roused  
from the depression, with a degree of vigour : thus it is that  
new afflictions can increase the power of the soul, provided it  
does not prostrate it in despondency and despair. Misfortune  
not only assists us in judging, with more truth, of all things,  
and men, in life, but it raises and sharpens our courage, that  
we could always find in it, when required, a firm support  
against the evils of human life."\*

\*La douleur ne donne pas seulement d'utiles leçons, elle  
contribue aussi plus d'une fois à fortifier tout le corps : elle  
imprime plus de stabilité, d'équilibre et d'aplomb aux systè-  
mes nerveux et musculaires. Mais il faut toujours pour cela  
qu'elle soit suivie d'une réaction proportionnelle ; il faut que  
la nature se relève avec énergie sous le coup. C'est ainsi  
que le malheur moral augmente la force de l'âme, quand il  
ne va pas jusqu'à l'abattre. Il ne se borne point à faire voir  
des points de vue plus vrais, les choses ; il élève encore  
et trempe le courage, dans lequel nous pouvons trouver, pres-  
que toujours, quand nous savons y recourir, un asyle sûr con-  
tre les maux de la destinée humaine.—*Cabanis, Rapports du  
Physique et du Moral de l'homme. page 233.*

*Case of Gastritis in which, on the 4th day, an Enema of  
Turpentine and Oil was rejected through the mouth.*

Communicated by Dr. LESLIE, of Quebec.

Miss McF. ætat. 28, sent for me on Tuesday morning in  
consequence of sickness of the stomach, burning pain of that

organ with constant vomiting of mucus unmixed with bile—Patient can not bear the slightest pressure on the region of the stomach and is unable to retain liquids for a moment—No pain of abdomen—anxiety of countenance, pulse 125, small and wiry—skin hot—tongue loaded at the edges—Bowels constipated—no pain of head—says her stomach is full of holes, V. S. ad deliquium animi.

Rx. Tr. opii ℥. xxxv. Aq. Menth. pip. ʒj. M. ft. Haust. s. s. Habeat Enema domestic. statim.

*Vesp.* Great and immediate relief from the bleeding—the blood exhibited the inflammatory crust and its surface was cupped—two stools from the Enema—irritability of the stomach much decreased, pulse soft and about 70.

Habeat Haust. Anodyn. ut mand.

*Wednesday*—Patient rested pretty well last night—some slight irritation of the stomach—Bowels not moved since last evening.

Rx. Hyd. Submuriat. gr. xv.

Ipecacuanha gr. ij. M. ft. Bolus Stat. sumend.

*Vesp.*—The Medicine remained on the stomach and towards the afternoon produced several dark and offensive stools. The Tongue appears cleaning—Pulse 73 soft and full—no vomiting—skin moist.

Habt. Haust. Anodyn. ut anted—

*Thursday*, This morning found that, after a pretty good night's rest, the patient awoke with a recurrence of violent pain in the stomach, vomiting of a bilious coloured fluid—tongue loaded—great thirst—pain on pressure. Pulse 130 full and strong—skin clammy—no pain of head.

V. S. ad deliquium animi. Applicetur emp. lyttæ amplum regioni ventriculi, et injic. enema seq. et repetatur post horas duas, sinè alvus benè responderit.

Rx. Ol. Ricini ʒ ij. Ol. terebinth. ʒ ij. Aq. Mordci lb. ʒj. M. Capt. stat. haust. anodyn. ut anted.

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*Vesp.* Owing to the patient's objections, the Blister was omitted till this evening, but now persuaded to try its effects. The enema neither had been used—Bowels still unopened—pain of the stomach gone, but occasional vomiting still present on taking any thing—ordered the enema to be given to-night and the anodyne draught towards morning, if necessary—Blood drawn this morning to the extent of  $\frac{3}{4}$  xi., buffed and cupped.

*Friday.* Patient passed a restless night—vomitting incessant. Just as I came in, a quantity of stercoraceous was ejected from the stomach, very offensive and strongly impregnated with turpentine and oil, floating on its surface. The Enema had been twice administered through the night—No motion from the first, but the second produced two or three stools, when vomiting of a fluid, similar to that passed *per anum*, came on, and on comparing the two I could perceive no difference—they were both dark green with flakes of faeces floating on their surface. Patient's cloathes stained green with what she had vomited—Pulse 60, feeble—extremities cold—skin moist and alarming—some pain of abdomen. Patient complains of difficulty in macturition—ordered hot bricks to the feet—hot clothes to the abdomen and effervescing draughts to be repeated every two hours.

*Afternoon.* No vomiting since the exhibition of the draughts, two or three copious evacuations accompanied with a quantity of urine. Stools more natural—pulse improved—70 and soft, easier in every respect.

*Vesp.*—Patient appears mending—wishes for rest. Stomach bears a little gruel. Habeat Haust. anodyn. h. s.

*Saturday.*—As usual after a good sleep, till about 12 o'clock, when she awoke suddenly with pain of the head, vomiting of bilious coloured matter, great anxiety of countenance, some delirium. Eyes suffused—skin clammy—tongue slightly loaded—Pulse 75, rather wiry and jerking.



V. S. Ad 3 xvj. applicetur empi. lyttæ temporibus, et rep. empl. lyttæ ventriculo—abradatur capillitium—affus. frigid. capitis—rep. enema.

*Vesp.*—Blood drawn this morning exhibits no particular appearance, pulse 60. Three stools from the Enema, pain of head much decreased. Blisters appear rising—tongue cleansing, no pain of stomach nor vomiting since morning.—*Omission of medicament.*

*Sunday.*—Patient slept well—great discharge from blisters, no irritability of stomach—tongue clean—eyes clear—no pain of head, pulse 50, soft, skin warm and moist.

R. Haustus effervescentes.

Patient to have some fowl broth in small quantities during the day.

*Vesp.* Patient improving and complaining only of weakness, two stools during the day.

*Monday.*—Patient gets rapidly better.

Cont. Haust. effervescentes,

*Tuesday.*—Slept well—complains this morning of nausea, bowels confined.

R. Haust. effervescentes. Mag. Sulph. 3 ss.

From this to the 14th day the patient rapidly convalesced—and is at this date perfectly well.

W. H. LESLIE.

Quebec, Oct. 2, 1826.

[We are requested by Dr. Leslie to add that the patient in the above case had been affected with worms for some time previous to the invasion of the complaint, and that several ascarides had been rejected from the stomach at different periods. In the absence of all other apparent cause to which the inflammation of the stomach could be ascribed, our correspondent is inclined to attribute it to this circumstance, which opinion is further corroborated by several well authenticated instances which are recorded by experienced and judicious observers, which he has seen recorded.]—(Editor.)

*Case of Scirrho-Rectal Disease*, communicated by Dr. Malone of Albany, through Mr. C. J. Nolan, of this city.

To the Editor of the Quebec Medical Journal,  
Sir,

If you think the following case of consequence enough to be inserted in your ably conducted and very useful periodical, it is very much at your service.

With sentiments of great respect,

I am Sir,

Your most obdt. Servant

M. MALONE.

Robert Boyd, 36 years of age, of a bilio melancholic temperament and of habits sober and temperate, had in the autumn of 1825, an attack of what he and his medical attendant considered an affection of the lungs. Shortly after his recovery from this illness, his attention began to be directed to an uneasy sensation about the lower part of the abdomen, which gradually increased with intervals of amendment (until last July when it increased to a very distressing degree.) From this until I first saw him which was on the 10th December, he had been treated by his medical attendants for dysentery and chronic hepatitis. At this period he had the most distressing tenesmus with occasional dysuria; he passed nothing through the rectum but a glairy mucus, sometimes tinged with blood and purulent matter. His body was emaciated, belly tumid, countenance sunk and sallow—adnata pearly and of a bluish cast, feet cold, thirst, restless nights, pulse hard and frequent. Supposing from this assemblage of symptoms, that there was disease in the rectum, I made an examination and found at about  $2\frac{1}{2}$  inches from the outlet, the gut occupied and obstructed by a tumor, hard and lobulated, and of considerable size; on further examination I found its attachment, which

was at the sacral portion of the gut, much more circumscribed, than what I was prepared to expect.

This circumstance gave hope that an operation for its removal might be attended with success. I proposed it but the proposition at the time was not assented to. From this time the tenesmus and pain increased violently, and at last protruded the diseased mass, which added to the distress. Its formidable and disgusting appearance, violent torture, and the disagreeable smell, at length extorted consent to its removal, which was done on the 15th February, with the assistance of Dr. Wing, president of the Albany Medical Society, a gentleman of the highest professional attainments. I tightened a stout waxed ligature round its base, untill it was supposed the sensibility and circulation in it were destroyed; however, on cutting into it for the purpose of removing the protruding part, a very considerable vessel sprung and it was found necessary to place another and a much stronger ligature, and to tighten it more considerably. This answered, and the greater part of the tumor was removed, leaving a portion sufficient to retain the ligature, which together with it came away in five days after. At the time of tightening the ligature, there was sharp but not intolerable pain, there was no constitutional disturbance, and relief was immediately felt. Great quantity of scybala continued to be passed for some days afterwards, all the distressing symptoms ceased, his health spirits and appetite have returned. I examined on the 8th of this month and was not able to discover a vestige of disease in the rectum. The portion of the tumor removed weighed 12 ounces; externally it had a gangrenous and ulcerated appearance; in cutting into it, it was found to consist of fatty substance interstriated with ligamentary bands.

I have been particular in detailing this case, because it appears to me to be of some importance. It is possible there may be similar cases in which, from the formidable and hid-

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culty and disagreeableness of examining it in its situation,  
practitioners may too hastily, and without making sufficient  
and thorough investigation, form an opinion of the inutility  
and impracticability of operating for their relief. I once saw a  
case in appearance precisely such a one as is above detailed,  
in which I do believe those who attended it were so situated,  
that, had previous experiments been successfully tried, as in  
the case now related, the termination of it would  
have been otherwise than what it was. There is no disease  
the human subject is heir to, more distressing and disgust-  
ing than this, it is one of unmitigated misery. It was so  
with Boyd, the relief by the operation was immediate and  
effectual, it was not attended by any instant or consequent  
ill effects. What inference do we draw from his case? That a  
practitioner in scirrho-rectal disease is not justifiable in re-  
fusing to act for its removal, unless he satisfies himself by a  
thorough examination of the impracticability of so doing,

M. MALONE, M. D. Licentiate of the  
State Medical Society of New-York.

Albany, 13th March, 1827.

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*Mineralogical Observations*, by a Gentleman of Quebec.

TO DR. TESSIER,

Sir,

The notoriety, which the bowlder lying near York, U. C.  
has obtained, on account of its containing a 4th Alkali, is well  
known, also that the peculiar mineral yielding it is considered  
to be the petalite. Of the presence of the former, no doubt  
can be entertained, repeated analysis having doubtless pro-

ed the fact. That it is the Petalite, does not appear equally certain. The reasons for entertaining this opinion, are embraced in the following description, the faults of which, it is hoped, will be excused by those, who, however, desirous to encourage precise information on similar subjects, will not always expect proficiency. -

*General Characters.*

A Boulder—Colour, externally, reddish or yellowish with light green patches—internally, on a fresh fracture, sugar white, with the same green patches, but of a lighter colour—translucent on the edges—structure of three kinds, granular, fibrous and laminar—fracture uneven—hardness variable, but always yielding to the knife—tough in the mass ( becoming indented under the hammer ) Brittle in small fragments—specific gravity *always above 3.0*—its powder phosphoresces on charcoal heated to redness—Effervesces in acid, but soon subsides leaving considerable sediment fusible before the blow pipe, with intumescence.

*Particular Characters.*

The white granular mineral, ( the base through which the others are distributed,) may be divided into two—one which is soft and earthy, almost chalky, the other harder-translucent and crystalline, in fact the former appears only externally and may probably arise from the decomposition of the other minerals, the hardness in one case is above that of Granular L. stone and below it in the other—lustre dull or only glimmering, the grittiness of its powder to the taste indicates the presence of a large portion of siliceous. It effervesces in acid, but immediately subsides, even when in powder, leaving considerable sediment. It phosphoresces on charcoal as above stated. The effect of the blowpipe is to extricate bubbles and form a dull yellowish enamel.

The green mineral in patches, is light apple green—translucent, semi transparent in fibres—structure promiscuously

fibrous, fracture the prism lustre tolerably much the same. The same addition transparent. The last or blue—with polished fracture to the knife, the phosphorescence but variable in degree. It fuses, with enamel.

The phosphorescence of the presence of the same phenomenon.

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fibrous, fibres sometimes interlacing, at others radiating—fracture disclosing a tendency to break into long slender brittle prisms. It is scratched by the knife, but scratches glass—lustre shining and pearly or silky. The sp. gr. of a fragment tolerably free from admixture gave 3.1.—3.2. Effect in acid, much the same as the foregoing, but in a slighter degree—The same may be said of the effect of the blowpipe with the addition that the part furthest from the flame, loses its transparency and becomes white.

The laminar mineral is white, with a slight tinge of green or blue—translucent—the laminae cleave in two directions, with polished surfaces parallel to each other. On the cross fracture this mineral has a compact aspect. It yields to the knife, though not easily, and scratches glass with facility—phosphoresces like the foregoing—sp. gr. always above 3.0. but variable—effervesces in acid as above, but in a still slighter degree. When urged under the greatest heat of the blowpipe it fuses, with the extrication of bubbles, into a white glassy enamel.

The phosphorescence common to the mass is owing to the presence of carbonate of lime or magnesia, as appears probable from the circumstance, that after effervescence no such phenomenon is seen.

The green fibrous mineral most resembles those two varieties of Hornblende, Tremolite and Actynolite, one of which it probably is.

Now, according to Cleaveland and Phillips, the Petalite has a sp. gr. of only 2.4–2.6. which no part of this bowlder, however carefully selected, can be made, even nearly; to agree with. Indeed the difference is so considerable as (together with other characters) to lead to the suspicion that the laminar mineral most resembling the Petalite is Spodumene, the sp. gr. of which, according to the same authorities, is 3.1–3.2, and which also contains the same alkali. Further it ap-



pears probable, from its great specific gravity and intumescency fusibility, that the greater part of the white mineral may be Spodumene, under different forms. This conjecture, however, is left to the chemist and experienced mineralogist to verify or refute, our inquiry being limited to the more obvious physical characters, with the exception of the two chemical ones, of the effect of acids and the blowpipe.

One object of this paper is to court friendly criticism, whereby the crude notions and experiments of a novice may be corrected through the matured studies of the proficient.

A. B.

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*Observations pratiques, par le Docteur FRS. Blanchet.*

Monsieur le Docteur TESSIER,

Je vous prie d'insérer dans votre Journal, les observations suivantes, que j'ai eu occasion de faire dernièrement. Les deux premières se sont présentées à l'Hôpital des Emigrés, et je me crois obligé d'en faire rapport au public, surtout puisque je n'ai point publié de rapport de mon administration, durant le dernier quartier qui s'est écoulé. La troisième observation est survenue dans ma pratique, et elle n'est pas moins intéressante.

Je commence d'abord par l'Hôpital des Emigrés. Durant la période à commencer le 1er Mai, jusqu'au 1er Août 1826, il y a eu sous mes soins 242 malades, tous étrangers, à l'exception d'un ou de deux Canadiens; de ce nombre 17 sont morts. La maladie ordinaire était la fièvre, et il a été clairement établi que les rues St. Charles et Champlain, du Cap au Diamant, où les Emigrés se retirent en plus grand nombre, ont fourni le plus de ces sortes d'affection. On peut dire qu'il n'est pas venu à l'Hôpital plus de trente personnes malades de fièvre venant des vaisseaux.

De tous ces cas de fièvre, dont la plupart ne présentaient rien de bien important, je n'en citerai qu'un seul dont la mort

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accidentelle a laissé des traces assez dignes d'être remarquées.

Un jeune homme âgé d'environ vingt-six ans, venant d'Irlande en qualité de Chirurgien dans un Transport chargé d'Emigrés, fut atteint à son arrivée d'une fièvre continue, avec les symptômes d'une tendance au typhus. L'inquiétude de sa situation ne contribua pas peu à aggraver sa maladie, et surtout voyant que l'hôte chez qui il logeait ne voulait plus le garder dans sa maison, par la crainte de contracter sa fièvre qu'il croyait contagieuse. Il fut en conséquence admis à l'Hôpital des Emigrés. Le symptôme le plus marquant était un délire continu et un murmure constant.

On s'attacha principalement à réduire ces symptômes urgents par des saignées copieuses et des applications froides à la tête, mais un accident qu'il était impossible de prévenir, vint mettre fin à sa triste existence. Au milieu d'une nuit brûlante, le jeune homme se lève de son lit, et se précipite à travers une fenêtre du deuxième étage de l'Hôpital, avant que le gardien eut le tems de se rendre à lui pour le saisir.— On le releva sans aucun signe de vie. Le lendemain au matin, on fit l'ouverture du corps, et on trouva la rate lacérée et déchirée presque d'outre en outre en plusieurs endroits, résultat de la chute et cause de la mort instantanée. Le cerveau était aussi gorgé de sang, ce qui rendait compte du délire que l'inquiétude avait contribué à rendre opiniâtre.

Enfin l'autopsie a été faite sur un nombre considérable de personnes mortes de fièvre tant par moi même qu'en ma présence, et j'ai toujours observé que le cerveau et ses enveloppes étaient dans tous les cas plus ou moins enflammés.— Dans les cas surtout accompagnés de convulsions, où la saignée n'avait été pratiquée que faiblement, j'ai constamment observé que le sang y était extravasé en assez grande quantité.

Je n'entreprendrai pas de dire qu'elle est la cause d'un si grand trouble dans l'économie animale. Mais c'est un fait qu'il est entré à l'Hôpital cinq malades de la même maison

et de la même famille, dans la rue St. Charles, tous atteints de la même fièvre. La rue Champlain a fourni des cas semblables. Dira-t-on maintenant que cette fièvre est contagieuse ? Dans l'état actuel de nos connaissances il est difficile de donner une réponse satisfaisante sur ce sujet ; mais voici comme les faits sembleraient autoriser de répondre : que l'air d'un appartement, d'une maison, et même d'une rue entière, peut s'altérer de manière à ne plus supporter la vie, sans qu'il en résulte du trouble, ou en d'autres termes de la fièvre. Mais quels sont ces changemens exacts ; c'est ce que l'analyse ne nous apprend pas encore, et c'est ce qu'il y a à savoir. Les mots miasmes &c. ne veulent rien dire, si non qu'ils expriment en gros, les changemens que subit l'atmosphère par la respiration des animaux et la décomposition des substances animales et végétales &c.

Je vous mets cela en avant pour vous faire voir que nous sommes bien loin de connaître la nature de l'air qui nous rend ainsi malade. Mais on ne doit pas désespérer que la science ne fasse bien vite des progrès à cet égard.

Mais ce qu'il est bien plus important pour nous de connaître, c'est la manière de traiter ces maladies. Je crois que tous les médecins sont maintenant d'accord que le bon air, lesaignées abondantes et les douches, sont les meilleures armes pour combattre ces fièvres. Les douches surtout agissent comme par enchantement. Elles ont l'effet de débarrasser subitement le système d'un très grand degré de chaleur, et d'arrêter les progrès du procédé inflammatoire. S'il m'était permis d'hazarder une opinion, je dirais que ce remède n'agit pas seulement en raison du froid qu'il produit, mais que l'eau comme conducteur de l'électricité, a encore l'effet de débarrasser subitement le système de l'accumulation du fluide électrique qui a lieu dans les fièvres, eu égard au manque de transpiration &c. et si, comme le suppose Sir Humphrey Davy, Berzelin et leurs disciples, *feu, chaleur et électricité*, sont la

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même chose, mon avancé actuel devient très probable. Dans ces sortes de maladies, tous les organes sont susceptibles de souffrir ; mais il n'y a pas à douter que le cerveau ne souffre toujours plus ou moins eu égard à la circulation qui y est difficile.

*Deux cas d'abcès à la base de la masse encéphalique.*—Ce sont deux cas de fracture de l'arcade orbitaire, sans déplacement de l'os, avec une petite contusion à la surface, occasionnée par une chute. Les sujets n'ont été que trois ou quatre jours malades et sont entrés à l'Hôpital, la veille de leur mort, sans connaissance.

L'autopsie ayant été faite, on a trouvé du sang extravasé au lobe antérieur du cerveau, et en poursuivant les recherches plus loin, il s'est rencontré une quantité de lymphes coagulés à commencer du Pont de Varole, jusqu'à la moëlle allongée où il existait du serum.

*Cas de conception extra-utérine.*— Dans le mois de Novembre dernier, je fus appelé au milieu de la nuit auprès d'une jeune femme. A mon arrivée elle venoit d'expirer. J'appris alors de ses amis, qu'elle avoit été à l'église dans l'après-midi, et qu'elle avoit ressenti tout à coup de grandes douleurs dans l'abdomen, qui l'obligèrent de retourner chez elle aussitôt. Les douleurs ne cessèrent d'augmenter jusqu'au moment où elle expira, sans qu'il fût possible à ceux qui l'environnaient d'en soupçonner la cause.

Je me hâtai d'en faire l'examen le lendemain au matin, conjointement avec mon neveu le Dr. J. B. Blanchet. La cavité du bassin étoit remplie de sang, ce qui ne nous permettait pas de douter que la femme ne fût morte d'une hémorragie intérieure, provenant de la rupture de quelque vaisseau considérable que nous nous efforçâmes de découvrir.— En effet, on aperçut un fœtus d'environ trois mois, libre dans la cavité du bassin et flottant dans le sang. En examinant plus attentivement, on découvrit que la trompe de Fal-

lope du côté droit, était divisée sur sa longueur, et considérablement dilatée, à l'endroit où le fœtus paraissait avoir séjourné et s'être développé, jusqu'au moment où la rupture de la trompe lui a permis de s'échapper dans la cavité du bassin. On apercevait aussi distinctement les traces d'un placenta qui était implanté dans l'endroit le plus dilaté de la trompe, ainsi que les enveloppes, et c'est sans doute à leur rupture que l'on doit rapporter l'hémorrhagie fatale qui a mis fin à l'existence de la malade.

**J'ai l'honneur d'être &c. &c.**

**FRS. BLANCHET.**

(Extrait de la *Bibliothèque Canadienne*.)

*Brèches osseuses, et Cavernes à ossemens.*—Le plus grand nombre des os de ruminants fossiles se trouvent incrustés au milieu des concrétions qui remplissent les fentes que présentent certains rochers, sur les côtes de la Méditerranée.— Ces fentes, auxquelles les os qui les remplissent ont fait donner le nom de *brèches osseuses*, sont un des phénomènes les plus remarquables de la géologie. On ne peut expliquer, en effet, d'une manière satisfaisante, ni leur production dans les lieux où on les observe, ni pourquoi elles sont bornées aux côtes de la Méditerranée, ni les ressemblances qu'elles présentent toutes, tant pour la nature des rochers dans lesquels elles sont pratiquées, que pour celle des matières qui les remplissent.

La nature des os qu'elles renferment ajoute encore à l'intérêt qu'elles inspirent, en prouvant que leur formation remonte à une époque beaucoup plus ancienne qu'on ne l'avait cru jusqu'ici. Elle n'appartient point, en effet, à des ruines du pays, mais aux races d'animaux contemporaines des éléphants et des rhinocéros fossiles. De sorte que tout porte à croire que si on n'y rencontre pas des os de ces quadrupèdes, on ne doit chercher la cause de cette absence que dans leurs grandes dimensions, qui seules ont pu les empêcher d'y tomber.

Les principales brèches osseuses sont celles de Gibraltar, d'Antibes, de Nice, &c. Elles ont aidé à perfectionner la zoologie antédiluvienne, en faisant connaître quatorze ou quinze espèce d'animaux peu volumineux, qu'on n'avait pas jusque-là trouvés ailleurs.

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Si les brèches osseuses nous ont conservé de nombreux débris de ruminants, les *cavernes à ossements* nous offrent, de leur côté, des ressources précieuses pour la connaissance des carnassiers leurs contemporains. Il est impossible que vous n'ayez pas entendu parler de ces cavernes fameuses, dont les plus célèbres sont celles qu'on rencontre dans le pays de Blankembourg et dans l'électorat d'Hanovre, et dont LEIBNITZ lui-même a donné des descriptions. On se ferait une idée bien fautive de ces anciens repaires d'animaux sauvages, si on se les représentait comme de simples cavités, creusées dans le rocher, à quelques pieds de profondeur : figurez-vous une suite de grottes nombreuses, ornées de stalactites de toutes les formes, dont la hauteur et la largeur sont extrêmement variables, mais qui communiquent les unes avec les autres, par des ouvertures si étroites, qu'un homme ne peut souvent y passer, en rampant, qu'avec la plus grande peine.

Ces grottes, qui communiquent entr'elles, s'étendent souvent à des distances très considérables. Un naturaliste moderne, (M. DE VOLPI,) en a parcouru une suite qui l'ont conduit trois lieues entières, presque toujours dans la même direction. Il ne fut arrêté que par un lac, qui lui rendit le passage impossible. Ce ne fut qu'après deux lieues qu'il rencontra des ossements d'animaux qu'il crut appartenir à des *palæotherium*, et que M. CUVIER a reconnu pour appartenir à la grande espèce d'ours connus sous le nom d'ours des cavernes, et dont les débris sont plus communs, dans ces lieux souterrains, que ceux d'aucune autre espèce.

On rencontre également dans les cavernes, des ossements de tigres, de loups, de renards, de bolettes. Les débris de l'espèce des hyènes y sont surtout très nombreux ; ces hyènes de l'ancien monde avaient, comme celles d'aujourd'hui, l'instinct de déterrer les cadavres. pour porter dans leurs tanières les ossements, qu'elles broyaient avec les dents, que la nature leur accordait d'une forme propre à la mastication des corps les plus durs. Ce sont elles, sans doute, qui ont contribué, plus que tous les autres carnassiers, à remplir d'ossements d'animaux herbivores et de grands quadrupèdes de toute espèce, les lieux qui leur servaient de refuge. Elles n'épargnaient pas même leur propre espèce ; car on a remarqué que leurs os ne sont pas moins brisés que ceux des autres animaux ensevelis avec eux. On a trouvé même un crâne d'hyène fracture, et portant les marques évidentes de la consolidation de la fracture, qui était probablement le résultat d'un des combats que ces animaux se livrent quelquefois entr'eux.



On ne trouve presque point d'ossemens d'animaux carnassiers dans les grandes couches meublées, où l'on rencontre en si grand nombre leurs contemporains herbivores. Il n'y a guère d'exception un peu marquante, sous ce rapport, que pour l'espèce des hyènes, dont on a trouvé des débris assez nombreux à Canstadt près d'Aichstedt. On a aussi trouvé quelques ossemens d'ours dans d'autres lieux ; mais le nombre en est bien petit, en comparaison de la prodigieuse quantité de débris de ces animaux que renferment les cavernes.

Dans les cavernes les plus anciennement connues et les plus fréquentées, on ne trouve presque plus d'ossemens ; car ces lieux singuliers ayant depuis longtems frappé l'attention du peuple, on attribuait aux os qu'elles renferment une vertu médicamenteuse qui les faisait rechercher pour les vendre aux pharmaciens, chez lesquels ils étaient conservés sous le nom de *licorne fossile*.

L'existence des cavernes est un phénomène bien curieux, sous tous les rapports : les débris qu'elles renferment prouvent que des animaux d'espèces, de genres et de classes tout-à-fait différens, et dont les analogues ne pourraient aujourd'hui supporter le même climat, ont vécu pourtant ensemble dans l'ancien ordre de choses. Ainsi les animaux qui ne vivent aujourd'hui que dans la zone torride, ont vécu et habité jadis avec des espèces qu'on ne trouve que dans les régions les plus glacées.

L'histoire naturelle fossile nous offre le même phénomène en présentant aussi l'aurocus avec l'éléphant, comme on les voit dans le val d'Arno, par exemple.

Mais si des découvertes irrécusables nous prouvent ainsi qu'il existe une grande différence entre le monde antédiluvien et celui que nous habitons, on peut d'un autre côté, s'enservir pour établir que les carnassiers, dans l'ancien monde, existaient dans une proportion peu différente de celle où ils existent aujourd'hui, et que leur genre de vie était à peu-près le même. Il y a plus, c'est que ces carnassiers des cavernes, contemporains des éléphans et des rhinocéros de nos contrées, diffèrent beaucoup moins des carnassiers actuels, que les herbivores de la même époque ne diffèrent de ceux qui vivent encore de nos jours. A la vérité, le grand ours, le grand tigre ou lion et l'hyène fossiles, quoique peu différens de leurs analogues vivants, appartiennent néanmoins à des espèces éteintes ; mais tous les autres carnassiers des cavernes ne peuvent être distingués de ceux d'aujourd'hui, d'une manière satisfaisante.—*Lettres sur les Révolutions du Globe.*

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*Dissertation on Scrofula*, by J. B. MEILLEUR, M. D. &c. &c.  
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(Continued from page 88, Vol. II.)

In dyspepsia, the system becomes more and more debilitated, for want of proper and sufficient nourishment, in proportion as the digestion of the food is less perfect; and the general system being *one* and *awhole*, as we have endeavoured to prove, it follows that reciprocally the digestion must be worse and worse, as the digestive system is more enfeebled and enervated, and the stomach is becoming weaker and weaker with the system at large; the lacteals then must also be debilitated in proportion, and their secreting or *chylific* power (\*) must be likewise proportionately diminished. Thus we think it safe to conjecture that, together with the imperfect chyle, mentioned by Bedingfield and Thomson, it is probable that particles of food wholly undigested are taken up, which cannot undergo solution in the animal fluids, and which cannot be acted upon by the absorbents or glands. If this be once admitted, it is easy to conceive that these undigested particles must act as mechanical irritants, which must unavoidably be the prolific cause of a gradual degree of inflammation, which will necessarily throw the lacteals, the glands adjoining them, the thoracic duct and sac, and even the blood-vessels, in general, (particularly the left subclavian vein into which the thoracic duct empties its contents,) in

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(\*) On the same day, was read and defended with this, in the Medical College, an ingenious dissertation by my much esteemed class-mate and friend, Denis Carpenter, M. D. in which he attempts to prove that the lacteals possess fully as much as the stomach and duodenum, the power of digestion.

such a degree of increased action and morbid exertion to get rid of these particles, as must inevitably be followed by a depression of their power, a diminution of their tone, a loss of their energy, and a torpid and inactive state of their respective nerves; for the degree of debility and exhaustion is always proportionate to the previous excitement. But, if we do not perceive so much inflammatory action in scrofula, produced in this way and manner, it is on account of the cause being applied gradually.

As the corporeal system cannot be free from disease, if the stomach is out of order, so the body can scarcely not be injured in any one of its parts, without again the stomach, that great sympathizer with almost all local and constitutional disorders, being, at the same time, likewise injured. So great indeed is the nervous sympathy between the stomach and other parts of the human frame, that it is almost impossible for disease to exist in any one part, without that most important organ being more or less affected by it. If so, as no one can with reason pretend to deny, it is very easy to conceive how *numerous* and *various* may be the causes of indigestion or dyspepsia, which, according to the views we wish to illustrate, is always the forerunner as well as the original and essential cause of scrofula. A healthy state of the general system depends so much upon the regular action of the stomach, that great nutrix of our nature, that a universal debility is almost instantaneously brought on, when any accidental circumstance comes to interrupt it in the due performance of its functions. When a part or organ of the body is diseased, according to our premises, the system is affected generally, and the general affection is always proportionate to its degree of vitality, and to the importance of its functions in the animal economy; this is of unanimous consent, in medical literature. Hence authors speak of vital parts, vital organs, vital functions, &c. because they are such as life immediately depends upon them

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for the continuation of its existence. Now the stomach being an organ whose office is the most important in the animal economy, it cannot, any how, be considerably impaired or deranged, in its functions, without the corporeal system becoming indisposed and diseased; and the first thing notable in an impaired or disordered state of the stomach, is a general debility. Hence the reason why we see this last commonly *accompanying* scrofula throughout its course; this is a well known and acknowledged fact, let the causes and pathology of the complaint be what they may. It follows, therefore, that under the influence of scrofulous diathesis, the action of the heart is languid, unsteady and irregular; that the circulating system, after the first excitement has subsided, is generally weak and debilitated; that the mobility of the lymphatic is peculiarly affected and diminished; that there is a disposition to congestion; and that, consequently, the animal fluids become thick and viscid, and much disposed to stagnate in their passage, especially in the lymphatic glands; for, they must necessarily be disposed to stagnate most, where the impelling power is least. Besides, these fluids, by their accumulation, must prove destructive to the organization of the absorbents and of the glands attached to them, whose morbid enlargement is merely a consequence of a previous irritation. \* Any thing, therefore, that impairs or deranges the functions of the digestive organs, may be considered as the predisposing, indigestion or dyspepsia as the remote, the absorption of imperfect chyle or of particles of undigested food as the exciting, and inflammation as the proximate (if there can be any such) cause of scrofula; and the general debility, the disorganization, the induration and chronic enlargement of the

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\* May not the presence of calculous concretion in the kidneys, urinary passages &c. be often accounted for, in the same way?

lymphatic and other glands, which characterize the disease, are the results of inflammatory action.

But debility, in scrofulous persons, besides being the consequence of a general inflammatory excitement; is brought on, also, on account of a deficiency of the proper and sufficient nourishment to support the tone and energy of the system. Debility, therefore, may, and in fact does exist, even before any inflammation has taken place. This may be seen in many children who are said to be born with an hereditary scrofulous diathesis. They are observed to be weak, feeble and much debilitated, without the evidence of any morbid excitement, previous to their birth. This weakness and debility, in new born children, arises, no doubt, (the causes of a tedious labour excepted) from a deficiency of proper materials, on the part of the mother, both to organize and nourish their tender frame; for, if the mother, while pregnant, is dyspeptic, scrofulous or otherwise diseased, the digestion is impaired, the assimilation is imperfect, the ingesta, if taken in ever so great a quantity, cannot afford a proper and sufficient supply to her own corporeal system, and consequently she must be unable to furnish such materials as are suitable and well adapted to the perfect organization, due nourishment, and healthy growth of her fetus. But as tubercles have been found at different times in the lungs of fetuses, and as tubercles cannot but be the result of a previous irritation and inflammation in the organs where they are found, we must admit here, that weak, and feeble new-born children, may be so as much in consequence of inflammatory excitement, as for the want of a proper and sufficient nourishment from the mother. That irritation and inflammation may exist in fetuses, is, after our view, not at all incredible, and Broussais mentions it as a fact of common occurrence. Now if these are facts as true as they appear plausible to me, it follows that the children of such mothers must be of a very slender, weak, flabby, & even imperfect make, and much disposed to disease,

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that is, to dissolution; for, who will dare assert that an  
 edifice built with frail and imperfectly formed materials, can be  
 strong, firm, and capable of resisting the vicissitudes of all  
 kinds, to which it is unavoidably exposed? These are the  
 children who are said to be of a delicate and light complexion  
 and to possess a fair and florid skin, the reason of which is  
 very obvious. The cuticle or epidermis, like other parts of  
 their body, being imperfectly organized, is thinner and more  
 yielding; and the muscular fibres of their blood-vessels being  
 relaxed and slakened, like those of the muscles, on account  
 of general debility, their caliber is much enlarged, they con-  
 tain a greater quantity of blood, which finds a freer admittance  
 than it otherwise would, to their very extremity, and it  
 becomes easy for the surface and common integuments to as-  
 sume and maintain a constant florid aspect. Such are, also,  
 the children who are so liable to *spina ventosa*, *spina bifida*,  
*mollities ossium*, *rickets*, *necrosis*, fever and consumption  
 of the lungs, &c. for the reason, on the one hand, that their  
 frame, in all its parts, is imperfectly organized, and because,  
 on the other hand, their system being congenitally debili-  
 tated, and being *one* and *a whole*, the organs of digestion are  
 likewise debilitated in proportion, and consequently incapable  
 of performing, in a proper manner, their respective function,  
 as a remote cause of scrofula, acting conjointly with the con-  
 genital debility, brings on, in some form or other, the com-  
 plaint, which is then called hereditary.—

According to our view of the pathology of scrofula, the  
 reason why it most generally attacks children and young per-  
 sons, appears very obvious. From birth to the age of puberty,  
 and from this to that of about eighteen and twenty, the ali-  
 ments taken in the system, not only go to its support and  
 maintenance, but also, to its formation and growth. On the  
 contrary, in full grown persons, they go only to the support  
 and maintenance of the system, whose growth is already com-



pleted. Now, if from some cause or other, the organs of digestion are, or become impaired in their function, before the full and natural growth of the body is completed, even admitting in the system no predisposition whatever to disease, the food is imperfectly digested, particles of aliments are taken up in the circulation, which cannot be assimilated nor undergo solution in the animal fluids, and which, of course being not only incongenial to the formation and growth of the body, but, moreover, acting as morbid stimuli, tend to debilitate much and exhaust the whole animal fabric, which, in the cases alluded to, being built, if we may use the expression, on a feeble base, and with frail and imperfectly formed materials, is now, therefore, much more easy to be acted upon by the influence of external causes, is much more liable to take on almost every kind of disease, and even to fall into a state of irreparable dissolution.

As to children who are born scrofulous, strictly speaking, or with a scrofulous diathesis, according to the position we have assumed, it is again easy to account for their being such.

The fetus in utero receiving its nourishment directly from the blood of the mother, it is equally, if not more, and as soon affected by the presence of extraneous and irritating substances, which may have been taken into the circulation of her blood, the morbid action of which must produce inflammation in a higher or lower degree, and perhaps, in consequence of it, tubercles in the lungs, &c. Thus can be, and in fact, is explained, the hereditary descent of scrofula.

By the term *scrofula*, medical writers generally intend to indicate two morbid states of the constitution ; first, they use the term to express the diathesis, predisposition or liability, in the system, to contract the disease ; and secondly, they employ it to signify the actual existence of scrofula itself, in any part or organ of the body ; and although the mere hereditary predisposition is comparatively much oftener innate

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with the child, yet, it is not altogether uncommon for the new-born to have, at the time of birth, all the specific symptoms of the complaint; for we have on record, numerous examples of new-born children, beset with scrofulous eruptions and ulceration, with glandular scrofulous enlargements, and with scrofulous tubercles in the lungs, &c. (Vide Broussais's examination, and Baillie's Morbid Anatomy.)

To be hereditary, a disease, or predisposition to it, must be communicated or inherited, directly from one of the parents; but in what way and manner the communication or inheritance of scrofula is effected, is not easy to conceive, except we imagine the matter of contamination to exist in the substance forming the embryo; and then the mother should be considered as the exclusive medium of communication either of the disease itself, or of the predisposition to it. Dr. Cullen, it is true, asserts, that the father is most generally the source of infection. If so, the disease then, must be propagated or imported by means of the morbid matter contained in the male seminal fluids. But, at great variance with the opinion of that eminent writer, and unbiassed by his decision on this subject, I must own it openly, I believe the thing physically impossible, for the following reasons.—Without indulging in any long physiological discussion, it may be sufficient to remark that, in the present state of medical knowledge, it is pretty well and pretty satisfactorily settled in physiology, that, in the process of sexual intercourse and of generation, the semen of the male, whether it enters the uterus or not, is but a mere incitant, a potent or stimulus, exciting to perform their respective functions, the internal organs of generation are well known to furnish wholly, and solely, the substance and appendages of the embryo; not very unlike, in this respect, the earth, which, besides a due degree of moisture, requires, to be fertile, the presence of certain gases, and of caloric and light, as her proper stimuli,

And besides, to receive life, the principles of an enlightened philosophy teach us, that there must be just such, and so much organizable matter, and no more nor less either in quality or quantity; for it is very difficult to conceive, in an organized and animated mass of matter, half a life, or any decimal life, or more than a life, which is repugnant to nature, and contrary to the laws of animation; nor is it easier for the philosopher, to figure to his mind, any thing less than a life, in the same mass of matter, although he may readily admit that life may have, at times more, and at others less, vital power and action; but, after all, it is nothing more, nor can it be any less, than life, and *one* and *whole* life, animal or vegetable.

We may, therefore, safely conclude; 1. That, with regard to conception, impure, unwholesome and morbid matter, such as is believed to be emanated from diseased parents, in the substance forming the embryo, is unorganizable, and consequently unfit for the reception and habitation of life. 2. The Almighty having wisely, and precisely determined, and I think even to the least conceivable atom, the quality as well as the quantity of the organizable matter, and the favorable circumstances to be endued with incipient life, it is quite rational to believe that, should the same matter, issuing from parents, be less in either, and under unfavorable circumstances, conception would not, in any degree, take place. 3. That, as mental impressions, excitements, and depressions, are well known to influence more or less, in some way or other, the whole body, and as besides the circulating, there is, also, a nervous medium of communication † between the mother and fetus, diseased habits, as well as physical characters, may be communicated, in a *direct* manner, from the mother to the fetus in utero.

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† See the interesting account of it, by Sir E. Home, &c.

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## HYGIENE PUBLIQUE.

*Rapport de l'état de la Santé publique, durant la dernière Saison.*

L'hyver et l'été sont les deux saisons de l'année dans lesquelles nous devons rechercher les principales causes des variations infinies que l'atmosphère imprime à nos corps. Le changement de température du froid excessif de nos hyvers à la chaleur brûlante de l'été est si considérable, que l'appareil de nos organes ne pourrait en supporter le choc, sans cette gradation que le printems et l'automne font éprouver à ces changements, en sorte que ces dernières saisons peuvent être regardées comme le passage de l'une à l'autre des deux premières.

Les rapports qui existent entre nos organes et les causes extérieures qui agissent sur eux, sont tels, que ces causes ne produiraient aucun désordre dans notre organization, si elles agissaient sans cesse de la même manière et au même degré. Il n'est enfin aucun agent, quelque délétère qu'il soit, dont l'impression ne devienne absolument nulle par une action longtemps continuée. Tel est même le pouvoir de l'habitude sur l'économie animale, que les poisons les plus subtils deviennent incapables de produire aucun effet pernicieux, si, par un usage continuel, on a accoutumé par degrés nos organes à leur action. On connaît l'exemple de ce prince de l'antiquité qui, pour s'être accoutumé à l'action des poisons, fut privé de pouvoir s'empoisonner, en avalant un poison violent qui en eût fait mourir plusieurs, et cela afin d'éviter de tomber entre les mains de ses vainqueurs. Le Turc, pour la plus légère indisposition, avale impunément comme remède plus d'opium qu'il n'en faudrait pour donner la mort à plusieurs d'entre ceux qui, comme nous, n'en font pas un usage habituel.

L'habitant des zones tempérées ne peut supporter le froid intense des Lapons ni la chaleur ardente de la Guinée, et l'on remarque que dans tous les climats, les étrangers sont toujours les premières victimes des maladies qui naissent de l'atmosphère, parceque nos organes ne peuvent soutenir une impression qui agit trop subitement sur eux, et, qui leur est étrangère. C'est de là qu'un certain degré de froid, au sortir d'un tems chaud, nous fera contracter des indispositions, tandis que la même cause en hyver nous semble produire un effet contraire. Dans les classes inférieures de la société, la privation même du nécessaire oblige d'exposer les enfans à toutes les intempéries de l'air, au froid, à l'humidité, sans qu'il leur résulte d'inconvénients ; parceque sans le savoir, on a accoutumé de bonne heure leurs organes à recevoir des impressions qui, s'étant souvent répétées, deviennent de nul effet. On voit aussi par là combien la manière de vivre influe d'une bien différemment dans les classes distinctes de la société, puisque ce qui en moissonne un grand nombre, surtout parmi les enfans, dans les classes plus relevées, tend au contraire à raffermir et prémunir le tempérament parmi les pauvres. Il n'y a pas même jusqu'aux miasmes délétères qui ne deviennent impuissans par l'habitude, et les médecins qui sont constamment exposés à leur action dans les Hôpitaux, comme dans le repaire de la misère et de la malpropreté, et qui n'en sont que très rarement affectés, nous en fournissent une preuve évidente. Le vulgaire pense que les Médecins portent sur eux des préservatifs contre la contagion et l'infection, mais le seul qu'ils possèdent, c'est l'habitude où ils sont d'être exposés sans cesse à leur action.

Ces faits s'observent tous les jours autour de nous, et quoique beaucoup de philosophes aient eu occasion d'en parler, il est étonnant qu'aucun ne se soit occupé d'en faire une juste application. Le Philosophe de Genève est le seul qui les ait appréciés à leur juste valeur, et il est à regretter que personne

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m'aît pris la peine de développer les idées qu'il en avait conçues. Pour nous qui cherchons la vérité sans prévention, nous avons cru devoir relever un sujet trop négligé de nos jours, et qu'un zèle outré à revêtir toutes nos connaissances de l'appareil scientifique, n'a que trop dépouillé de son évidente simplicité. Ce sont ces considérations qui vont nous faire entrer dans la recherche des moyens de conserver la santé, travail que nous avons promis en commençant notre carrière publique. Nous ne nous occuperons pour le moment que de quelques observations sur l'influence de l'atmosphère, nous réservant le soin de développer d'avantage notre sujet par la suite.

Nous avons dit plus haut que les causes délétères n'agissent sur notre organization, que quand elles sont subites et nouvelles, ou en d'autres termes, quand les rapports qui existent entre nos organes et les agents extérieurs éprouvent un changement soudain. (Il n'est pas nécessaire d'avertir que nous n'entendons pas parler des maladies spontanées, qui ne se rapportent qu'à des causes purement intérieures à nos organes, et qui sont souvent l'effet naturel de nos fonctions organiques.)

En appliquant cette vérité à la température des climats, il est facile de se convaincre que la plupart des maladies que les saisons entraînent sont le résultat du passage subit du chaud au froid, et vice versa. Les saisons de l'hyver et de l'été sont les points de départ, et les deux autres nous mettent à portée d'estimer et de mesurer la gradation des effets sur l'organization, par la transition plus ou moins rapide de l'une à l'autre des deux premières. Avec des hyvers plus modérés, la température du printems fera naître moins de dérangements dans les viscères abdominaux, et la chaleur plus tempérée des étés rendra moins considérable le tableau des inflammations et des fièvres nerveuses en automne et en hyver.

La saison qui vient de passer a été un des hyvers les plus tempérés que nous ayons observés depuis plusieurs années,



A l'exception de quelques jours d'un froid assez intense, tout l'hiver a presque uniformément conservé la température ordinaire de l'automne, d'où nous pouvons augurer que le printemps sera assez sain, du moins pour ce qui regarde les maladies que cette saison a coutume d'amener.

Il est une autre observation digne de fixer toute notre attention, c'est la cause des changements qui semblent s'être opérés depuis quelques années dans la rigueur de nos hyvers. Dans l'impatience où l'on s'est trouvé de donner des raisons plus plausibles de ce phénomène, on s'est accordé à l'attribuer au défrichement d'une plus grande étendue de la surface du sol.

Cette hypothèse compte trop d'habiles défenseurs, pour qu'il soit possible de lui opposer des arguments victorieux ; et il est même probable que, dans des vues politiques, on ait cherché à encourager l'agriculture, en faisant concevoir la flatteuse perspective d'un climat plus doux dans la destruction de nos immenses forêts. Notre intention n'est pas d'essayer à faire disparaître une espérance qui se rattache de si près au grand intérêt général, mais pour celui qui étudie la marche de la nature dans la nature même, aucune considération étrangère à son objet ne peut entrer pour quelque chose dans ses recherches. C'est ici l'occasion de regretter qu'on ne soit pas en possession d'un état statisque de notre climat, depuis une série d'années assez considérable, pour nous fournir les termes de comparaison qu'il est indispensable de posséder pour arriver à des données certaines, et c'est aussi ce qui doit engager tous ceux qui prennent intérêt aux progrès des connaissances parmi nous, à se joindre à nous pour prier notre concitoyen éclairé, le Dr. Perrault, de continuer ses observations météorologiques, dont l'utilité est si justement appréciée.

Dans l'absence de semblables documents, nous pouvons consulter l'histoire, ou plutôt la tradition, qui nous apprend qu'autrefois, lorsque l'étendue de terres cultivées était loin d'être aussi considérable qu'elle ne l'est aujourd'hui, on a

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fréquemment rencontré des hyvers plus tardifs et beaucoup moins rigoureux que ceux qui ont immédiatement précédé l'année 1825. Depuis la révolution Américaine, les États-Unis ont tellement aggrandi le domaine de l'agriculture, que des étendues immenses de terres alors incultes et couvertes de forêts, sont devenues des provinces florissantes. L'Etat de New-York contient aujourd'hui beaucoup plus du double de terres défrichées qu'à cet événement mémorable, cependant en 1821, l'hyver fut si rigoureux, que l'Hudson prit à glace, ce qui n'étoit pas arrivé depuis quarante-cinq ans. De même, si l'on cherche à se rendre raison du phénomène qui nous occupe par les lois de la physique, dans l'hypothèse où le soleil est considéré comme le principe de la chaleur, il est impossible de concevoir comment la dévastation des forêts peut en aucune manière imprimer une direction différente au rayon lumineux, et agrandir ou diminuer son angle d'incidence. Au contraire, on serait porté à regarder l'aspérité de nos forêts comme capable de concentrer les rayons, et de produire par conséquent un plus grand degré de chaleur, que ne l'on ne pourrait pas regarder comme le produit de l'absorption du calorique environnant.

D'un autre côté, la température des forêts comparée à celle des plaines défrichées, est généralement plus élevée en hyver, tandis qu'en été elle est moindre ; et quoique cette dernière proposition soit assez facile à concevoir, les raisons que l'on donne généralement de la première, sont loin d'être suffisamment démontrées. Les vents de Nord qui glacent nos moissons, sont plus modérés en hyver, que ceux qui nous viennent du sud ; et il reste encore à comparer dans un espace de tems donné, les variations que le climat peut subir, tant pour la direction des vents que pour la température, dans une étendue de pays cultivé avec celui qui ne l'est pas. Nous ne sommes pourtant pas éloigné de partager avec le grand nombre, l'opinion contre laquelle les détails que venons de présenter sem-

blent militer, mais nous espérons qu'au moyen des tables météorologiques que nous désirons continuer de publier, les difficultés disparaîtront aux yeux des observateurs de bonne foi.

Nous donnerons maintenant un aperçu des maladies qui ont prévalu dans la saison dernière. L'hiver, comme nous avons déjà eu occasion de le dire, a été très tempéré ; mais il ne nous paraît pas que c'est à cette cause seule que l'on doit attribuer le peu de maladies que l'on a observées. L'uniformité dans la température peut y entrer sans doute pour beaucoup, mais d'après l'idée que nous sommes formée de l'influence du climat sur l'organisation, il nous a semblé que la température de l'hiver devait influencer d'avantage sur les maladies du printemps, et la condition atmosphérique de l'été sur celles de l'automne. Cette opinion n'est pourtant rien moins que hasardeuse, et c'est à l'observation à en décider le mérite, si toutefois les principes que nous avons émis plus haut, et sur lesquels elle repose, sont dignes de l'épreuve du raisonnement. Nous invitons avec instance les personnes plus éclairées à prononcer sur cette question dont l'utilité se rapporte à ce qui nous intéresse de plus près, la connaissance des moyens de conserver la santé.

Le petite-vérole paraît avoir pris un règne sédentaire parmi nous depuis longtemps, et peut-être que la température de la saison n'a pas peu contribué à la rendre plus sévère et plus fréquente. Le nombre de personnes qui en sont mortes durant l'hiver, égale presque celui de toute une année ordinaire.— A l'approche du printemps, elle est devenue un peu moins fréquente, mais elle est encore loin d'être entièrement disparue, surtout dans les environs de la ville et dans les faubourgs.

Malgré les nombreux exemples du manque de succès de la vaccine, elle n'a fait que gagner du crédit, par les bienfaits qu'elle a évidemment produits dans une infinité de circonstances, et par la terreur que les ravages de la petite-vérole avait excitée. Néanmoins, il est à regretter que la classe des

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pauvres, qui sont incapables d'acheter à prix d'argent un bien-fait que chacun de nous doit à la postérité, soit par là, privée d'en partager les avantages ainsi que les classes plus aisées ; Car, quoique nous puissions dire qu'aucun Médecin n'a jamais refusé de vacciner gratis tous ceux qui se présentent à eux pour le demander, il n'est certainement pas juste d'exiger d'une classe d'hommes qui sont obligés de vivre de leur travail, de faire à eux seuls un sacrifice dans lequel il n'ont pas plus d'intérêt que toutes les autres classes de la société, sans compter qu'il n'est pas conforme à la morale politique d'abandonner à un petit nombre d'hommes, quelque degré de patriotisme qu'on leur suppose, un des intérêts les plus chers à l'état.— Nous avons cependant, lieu de nous féliciter des efforts que fait la Société de Médecine pour remédier à ces maux, et nous espérons qu'elle sera en état de mettre à effet, dans le cours de l'été prochain, le plan qu'elle a formé pour assurer d'une manière efficace les avantages inappréciables de la vaccine à toutes les classes de la Société, tant dans les villes que dans les campagnes.

La *Varioloïde*, ou la petite-vérole modifiée et mitigée par la vaccine, a paru assez fréquemment ; et si la vaccine a ainsi manqué de préserver même de cette maladie, on doit en rapporter la cause au peu de soin avec lequel elle a été répandue depuis quelques années, et surtout au mode vicieux que l'on avait adopté pour la propager, lorsque la Législature appropria une somme d'argent pour cet objet. Mais quoique la *varioloïde* soit une preuve de l'insuffisance de la vaccine à préserver entièrement des attaques de la petite-vérole, son apparition a été peu fréquente eu égard au grand nombre de personnes qui ont pris la vaccine, et il n'est pas parvenu à notre connaissance qu'un seul cas de *varioloïde* ait été fatal.— Nous devons pourtant ajouter qu'un Médecin de cette ville nous a assuré avoir rencontré deux fois la petite-vérole confluente, dans deux sujets qui avaient été vaccinés, et qui sont

morts tous deux. Ces exceptions se rencontrent quelquefois, mais elles sont extrêmement rares.

La fièvre continue s'est montrée dans les faubourgs, et nous ignorons qu'il s'en soit présenté un seul cas dans l'enceinte de la ville. De plus elle paraît avoir été limitée à quelques familles dans le même voisinage, ce qui porterait à croire qu'elle tenait à des conditions particulières au lieu de son invasion, et c'est ce qui a fait aussi concevoir l'idée de sa nature contagieuse. Parce que des membres d'une famille qui avaient visité les personnes du voisinage attaquées les premières de la fièvre, et qui ont presque aussitôt après contracté la même maladie, on s'est imaginé que la contagion avait eu lieu en conséquence de cette connexion; tandis qu'il est probable que les mêmes causes d'infection qui avaient donné naissance à la maladie chez les premières, l'aura également fait naître chez les autres, indépendamment de cette communication.

Les médecins sont souvent appelés à répondre à la question, savoir, si la maladie qu'ils traitent est contagieuse, ou si elle peut se communiquer d'une personne qui en est atteinte à une qui est saine. Nous pensons que dans tous les cas où il n'existe pas un virus spécifiquement contagieux, capable de produire la maladie indépendamment de toute autre condition, comme dans la petite-vérole, la rougeole, il est, du devoir de l'homme de l'art de donner une réponse négative, attendu que la terreur seule entre souvent pour beaucoup dans la production des fièvres.

Nous devons ajouter que la fièvre que nous avons observée durant l'hiver, nous a paru devenir plus fréquente à l'approche du printemps, sans pourtant augmenter en malignité. Elle n'a présenté aucun caractère particulier dans les symptômes ni dans le traitement, si ce n'est que la saignée a été rarement nécessaire, sans qu'il y ait eu non plus une tendance bien prononcée au typhus,

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On nous informe aussi que les rhumatismes ont été beaucoup plus fréquents dans la saison dernière qu'ils ne l'avaient été dans les précédentes. Nous ne pouvons en parler d'après notre propre connaissance, mais nous tenons le fait d'un confrère éclairé dont la pratique est très étendue, et qui observe avec jugement et attention.

Durant l'hyver, les accouchements ont été particulièrement longs et laborieux, mais ce qui est digne d'être remarqué, c'est que, d'après les informations que nous avons puisées de tous les accoucheurs de cette ville, tous s'accordent à dire qu'ils n'ont pas rencontré une seule fièvre puerpérale durant toute la saison, et généralement les couches ont été heureuses. Un accoucheur qui dans 10 ans n'avait observé que cinq *umbralia*, en a rencontré deux dans le cours de l'hyver.

Ce qui nous engage surtout à parler de ces sortes de maladies, c'est principalement pour nous donner occasion de dire un mot de l'ergot, qui, d'après les succès décidés qu'il a procurés, doit être regardé comme une des plus heureuses découvertes des modernes, du moins pour ce qui regarde le grand nombre d'accidents que ce puissant remède nous met à portée de vaincre, et pour lesquels il n'y a pas de substitut dans toute la matière médicale. Nous allons rapporter quelques observations qui nous ont été communiquées par des praticiens très distingués de cette ville, et sur le jugement desquels on peut compter avec assurance.

Une dame dernièrement venue d'Ecosse, avait été assistée dans cinq couches précédentes par les plus habiles Chirurgien d'Edinbourg et de Londres, et dernièrement aussi à Montréal, et dans chacune elle avait toujours failli périr d'hémorrhagie. Le terme de sa sixième grossesse arrivé, elle appelle un Médecin de cette ville qu'elle prévient de cette circonstance. L'accoucheur se tenant sur ses gardes, administra, au moment où le fœtus apparut à l'os externum, 40 grains d'ergot, qui ranimèrent les douleurs. Le placenta fut



extrait facilement, et à la grande surprise de ses proches et d'elle-même, il ne s'en suivit aucune hémorrhagie alarmante.

Dans une autre occasion, au septième mois de gestation, survint une hémorrhagie considérable suivie de syncope, et des autres symptômes annonçant un danger imminent.— Quelques doses répétées d'ergot produisirent bientôt l'évacuation du contenu de l'utérus, et tous les accidens disparurent. Quoique l'ergot soit d'un avantage inappréciable, nous devons prévenir le praticien contre les dangers qu'il y a de l'employer sans beaucoup de réserve et de jugement.

#### LA SOCIÉTÉ DE MÉDECINE DE QUEBEC.

L'époque qui a vu naître une association dont le but est de cultiver et de perfectionner l'art de soulager l'humanité, mérite d'être appelée la plus importante de toutes celles dont l'histoire scientifique du Canada fera mention. La réunion d'un certain nombre de personnes exerçant les mêmes fonctions publiques, entraîne avec elle cette fraternité qui est si désirable et si avantageuse dans toutes les classes de la Société. C'est dans ces occasions que le Médecin ressent le noble orgueil de paraître digne du précieux dépôt qui lui est confié; et tandis qu'il profite par les lumières des autres, il voit dans chacun de ses confrères autant de juges compétens, dont l'opinion est d'autant plus respectable, qu'elle ne peut être dictée que par des motifs puisés dans l'intérêt commun.

Eloigné du théâtre de ses opérations journalières, qui sont une source si féconde de ruptures et d'altercations personnelles; livré tout entier à l'objet qui l'appelle auprès de ses confrères, le praticien n'éprouve plus le besoin de prostituer tout ce qui n'est pas conforme aux préjugés du vulgaire, pour acquérir un crédit éphémère qui n'est pas plus durable que les caprices sur lesquels il est fondé. Ici point de contraintes,

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de déguisements ; au contraire, tout l'invite à paraître tel qu'il est, du moins tel qu'il doit être.

C'est donc avec raison que cette Société doit être envisagée sous un point de vue agréable, par tous ceux qui prennent intérêt à l'avancement, à l'honneur de notre profession, et à la cause de l'humanité ; et si nous avons lieu de nous attendre qu'en entreprise aussi utile recevrait l'appui de tous ceux qui y sont le plus immédiatement intéressés, nous avons le plaisir de voir que l'indifférence prononcée avec laquelle la plupart de nos publicistes l'ont accueillie, n'a pas eu l'effet de ralentir le zèle de ceux qui devaient lui assurer un patronage durable et contribuer à son louable objet.

La science de la Médecine renferme dans son enceinte plusieurs des intérêts les plus chers à l'état, mais ceux qui en sont les dépositaires sont toujours en trop petit nombre, en proportion de la population, et les préjugés contre lesquels ils ont sans cesse à lutter sont pour la plupart si profondément enracinés, vû qu'il est presque toujours impossible que l'opinion du vulgaire puisse tenir le pas avec les améliorations qui se font tous les jours dans notre art, que nous devrions avoir lieu de compter sur l'opinion de la classe éclairée, comme le moyen le plus sûr de frayer la voie des difficultés qu'on peut s'attendre à éprouver de la part de ceux pour qui notre profession est un vrai mystère. Si l'on jette les yeux vers l'ancien continent, on verra que les grands et les rois même, se sont acquis un nouveau titre de gloire, en devenant les protecteurs immédiats de ces institutions si fameuses de nos jours, mais dont l'origine n'a pas été plus brillante que celle qui vient de naître au milieu de nous.

En nous rapprochant encore plus de notre sujet, nous devons ici rendre hommage au zèle éclairé avec lequel les membres distingués de notre Profession se sont empressés à prendre part dans cette institution dont l'utilité s'est déjà manifestée dans l'union et la fraternité parmi tous ceux qui la composent.

De plus, les séances de la Société ont toujours été très nombreuses, et à peine un des membres a-t-il encore manqué une seule fois de se rendre à son siège. Les sujets les plus importants pour l'art et pour l'intérêt de l'humanité, y ont été traités avec une habileté et un succès bien propres à commander, sinon le respect, du moins l'attention de ceux que nous nous plaisons à regarder comme nos maîtres, et capables de nous faire chérir la flatteuse espérance qu'avec de tels éléments, le Canada fournira bientôt ses Cooper, ses Dupuytren, ses Physick. &c.

Dans un pays où nous avons tout à créer, et où la population est encore en petit nombre, il est nécessaire que l'opinion publique se fasse entendre sur toutes les institutions qui naissent dans son sein; et comme la société de Médecine compte déjà les suffrages de nos concitoyens les plus distingués par leurs lumières nous espérons que quand ses opérations seront rendues publiques, on aura lieu de se féliciter d'avoir donné à une entreprise aussi évidemment utile l'appui que son louable objet devait lui mériter.

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Typhus

Fièvre

Variole

Inflam

Angine

Rhum

Ersipèl

Asthme

Catarrh

Diarrh

Hystér

*Hotel-Dieu de Québec.***Rapports des maladies admises à l'Hôtel-Dieu, depuis le 1er****Octobre jusqu'au 31 Décembre 1826.****Malades à l'Hôpital le 30 Septembre.....15****Malades admis durant les trois mois.....96—111****Renvoyés, guéris.....75****Soulagés,.....3****Morts,.....6****Malades maintenant dans l'Hôpital,.....27****Catholiques.....88****Protestans.....23—111****MALADIES ADMISES.**

Typhus,	2	Amenorrhée	3
Fièvre continue,	18	Anasarque	5
Variole,	1	Ascite	1
Inflammation des poumons	8	Hydropisie de poitrine	1
—— aiguë du foie	3	Consomption	2
—— chronique	4	Dysurie	2
—— des intestins	1	Retention d'urine	2
—— des yeux	2	Fistule au périnée	1
—— de l'iris	2	Anévrysme de l'artère poplitée	1
—— des bronches	2	Concussion de la moëlle épinière	1
Angine tonsillaire	1	Fracture composée de la jambe	1
Rhumatisme aigu	1	“ du bras	1
Ersipèle de la jambe	1	Panaris	2
Asthme	1	Contusions	1
Catarrhe	4	Ulcères	12
Diarrhée	6		
Hystérie	3		
<b>Total</b>			<b>96</b>

Le malade sur lequel M. Parant a opéré pour l'anévrysme de l'artère poplitée, est dans un état de convalescence et sur le point d'être renvoyé.

JOSEPH MORRIN Médecin.

JOSEPH PARANT Chirurgien.

[Le retour ci-dessus nous étant parvenu trop tard pour paraître en Janvier dernier, nous avons été contraint d'en remettre la publication jusqu'à ce jour.]—Ed.

*Quarterly Sick Report of the Hotel-Dieu of Quebec.*

(January, February, and March 1827.)

Remaining last in Hospital 27

Since admitted 83

Died, 7 { Hydro Thorax 1  
Phthisis Hepatica 2  
Pulmonalis 1  
Anasarca 2  
Delirium Tremens 1 } 7 deaths.

Discharged, { Cured 85  
Relieved, 2 { Ulcera Inveterata 2

Total remaining in Hospital, 16

**METEOROLOGICAL TABLE.**

FOR THE WINTER OF 1827.

*Kept by Dr. C. N. Perrault, at his house, No. 5, Fabrique Street, Upper Town, Quebec.*

DECEMBER 1826.

DATE.	MOON.	THERMOMETER.			WINDS.				ATMOSPHERE.			
		8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.		8 A.M.	3 P.M.	8 P.M.	
22	☾	14	20	18	N	N	E	S	W	snow	snow	cloudy
23		8	10	8	N	W	N	W	N	W	cloudy	clear
24		3	8	0	N	W	N	W	N	W	clear	clear
25		-10	-5	-8	N	W	N	W	N	W	clear	clear
26		6	15	20	N	E	N	E	N	E	snow	snow
27		18	14	8	N	E	S	W	N	W	cloudy	snow
28	☉	-3	-2	-6	N	W	N	W	N	W	snow	clear
29		-13	-4	-6	N	W	N	W	N	W	clear	clear
30		0	5	6	N	E	N	E	N	E	cloudy	cloudy
31			18	16	N	E	N	E	N	E	cloudy	snow

RESC.

pour l'anévrysme  
divulgence et sur  
RIN Médecin.  
ANT Chirurgien.  
rop tard pour pa-  
ontraint d'en re-

u of Quebec.  
1827.)

1 }  
ien 2 } 7 deaths.  
ntisl 1 }  
2 }  
ensl 1 }  
era Inveterat. 2

16

ABLE.

No. 5, Fabri-  
bec.

ATMOSPHERE.

M. S. P. M. S. P. M.

ly snow cloudy  
ly cloudy clear  
clear clear  
clear clear  
snow snow  
ly snow clear  
clear cloudy  
clear clear  
ly cloudy snow  
ly cloudy snow

# METEOROLOGICAL TABLE FOR MONTREAL.

239

## DISEASES ADMITTED.

Febris continua Communis	7	Icterus	1
Intermittens	2	Tussis	3
Gastritis	2	Dyspepsia	5
Rhumatismus	9	Delirium Tremens	1
Peripneumonia	1	Amenorrhœa	2
Cynanche Tonsillaris	2	Constipatio	3
Parotidœa	1	Visceral obstructions,	14
Phthisis Pulmonalis	2	Embarras Gastriques }	
Hepatica	3	Psoriasis	1
Ophthalmia	2	Ulcus Phagedenic	1
Catarrhus	3	Inveterat,	2
Dysenteria	1	Erysipelas	1
Diarrhœa	4	Herpes	1
Hydro-Thorax	1	Abscessus	2
Ascites	2	Tumor	1
Anasarca	2	Fractura Humeri	1
			83

JOS. PAINCHAUD, Physician.  
W. A. HALL, Surgeon.

# METEOROLOGICAL TABLE.

FOR THE WINTER OF 1827.

Kept at Montreal, and copied from the Montreal Herald,  
DECEMBER 1826.

DATE	THERMOMETER.		BAROMETER.		ATMOSPHERE.
	4 A. M.	3 P. M.	7 A. M.	3 P. M.	
22	20 +	27 X	29 53	29 51	Fair.
23	0 "	8 X	29 75	29 89	Fair.
24	1 X	8 "	30 17	30 23	Fair.
25	10 —	5 "	30 46	30 35	Snow.
26	15 X	35 "	29 88	29 63	Fair.
27	0 "	4 "	29 55	29 58	Snow.
28	13 —	9 —	29 76	26 89	Fair.
29	18 —	6 "	30 19	29 26	Fair.
30	5 —	6 "	30 21	30 15	Fair.
31	8 X	14 "	30 09	30 01	Snow.



JANUARY 1827.

DATE.	MOON.	THERMOMETER.			WINDS.				ATMOSPHERE.		
		9 A.M.	3 P.M.	8 P.M.	9 A.M.	3 P.M.	8 P.M.		9 A.M.	3 P.M.	8 P.M.
1		26	27	32	N	E	N	E	snow	snow	cloudy
2		34	34	20	N	E	N	E	rain	cloudy	cloudy
3		12	17	16	N	W	S	W	cloudy	snow	cloudy
4	D	6	14	6	S	W	S	W	cloudy	clear	clear
5		4	8	9	N	W	N	W	clear	cloudy	clear
6		14	24	18	S	W	S	W	clear	clear	clear
7		16	17	16	S	W	N	E	clear	clear	clear
8		12	30	20	S	W	S	E	clear	cloudy	clear
9		22	30	26	N	E	N	E	clear	clear	clear
10		22	26	25	N	E	N	E	cloudy	cloudy	snow
11		24	32	30	S	E	S	E	cloudy	cloudy	cloudy
12		26	22	20	N	E	N	E	cloudy	snow	cloudy
13	O	18	21	22	N	E	N	E	cloudy	cloudy	snow
14		24	28	24	S	E	S	W	cloudy	clear	clear
15		8	12	12	N	W	N	W	clear	clear	clear
16		16	16	16	N	E	N	E	snow	snow	snow
17		4	10	4	N	W	N	W	snow	cloudy	clear
18		-8	0	2	N	W	N	W	cloudy	snow	cloudy
19		-4	2	0	N	W	N	W	cloudy	snow	cloudy
20		-8	-3	-4	N	W	N	W	clear	clear	clear
21		-6	0	-2	N	W	N	W	clear	clear	clear
22		0	10	8	S	W	S	W	cloudy	clear	cloudy
23		10	16	14	N	E	S	W	cloudy	cloudy	clear
24		12	16	12	S	W	N	E	snow	clear	clear
25		4	16	12	S	W	S	E	clear	clear	clear
26		22	32	29	N	E	S	E	cloudy	cloudy	cloudy
27	⊙	28	30	27	N	E	N	E	cloudy	cloudy	cloudy
28		31	36	34	N	E	S	W	snow	cloudy	snow
29		17	18	10	N	W	N	W	clear	clear	clear
30		8	14	10	N	E	N	E	clear	snow	clear
31		5	18	16	S	W	N	E	cloudy	cloudy	clear

DATE.	T.
1	17
2	13
3	14
4	13
5	4
6	13
7	0
8	1
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10	22
11	24
12	28
13	17
14	15
15	2
16	4
17	1
18	12
19	10
20	15
21	17
22	0
23	5
24	11
25	7
26	15
27	22
28	33
29	20
30	2
31	4

JANUARY.

ATMOSPHERE.

3 P. M. 8 P. M.

snow cloudy  
cloudy cloudy  
snow cloudy  
clear clear  
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clear clear  
clear clear  
cloudy clear  
clear clear  
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clear clear  
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clear clear  
clear clear  
cloudy cloudy  
cloudy cloudy  
cloudy snow  
clear clear  
snow clear  
cloudy clear

DATE.	THERMOMETER.		BAROMETER.		ATMOSPHERE.
	7 A. M.	3 P. M.	7 A. M.	3 P. M.	
1	17 X	21 X	30 01	29 76	—Snow.
2	13 "	16 "	28 89	28 97	—Snow.
3	14 "	21 "	29 39	29 43	—Fair.
4	13 "	10 "	29 89	30 01	—Fair.
5	4 —	14 "	30 27	30 21	—Fair.
6	13 X	35 "	30 23	30 29	—Fair.
7	0	12 "	30 41	30 40	—Fair.
8	1 X	16 "	30 38	30 42	—Fair.
9	4 "	21 "	30 46	30 35	—Snow.
10	22 "	23 "	30 34	30 29	—Fair.
11	24 "	34 "	30 31	30 27	—Fair.
12	28 "	28 "	30 12	29 29	—Fair.
13	17 "	21 "	29 81	29 87	—Snow.
14	15 "	19 "	29 93	30 12	—Fair.
15	2 "	12 "	30 35	30 27	—Fair.
16	4 "	18 "	29 79	29 68	—Snow.
17	1 "	0 "	29 67	29 79	—Stormy.
18	12 —	2 —	29 69	29 84	—Fair.
19	10 —	1 —	29 76	29 91	—Fair.
20	15 —	3 —	30 09	30 12	—Fair.
21	17 X	1 —	30 17	30 25	—Fair.
22	0	20 X	30 21	30 18	—Fair.
23	5 X	13 "	30 08	30 04	—Fair.
24	11 "	23 "	30 07	30 17	—Fair.
25	7 —	19 "	30 19	29 93	—Fair.
26	15 +	43 "	29 73	29 66	—Snow.
27	23 "	31 "	29 63	29 54	—Snow.
28	33 "	39 "	29 48	29 60	—Snow.
29	20 "	24 "	29 99	30 21	—Fair.
30	2 "	10 "	30 45	30 42	—Snow.
31	4 "	13 "	30 36	30 29	—Snow.

## FEBRUARY.

DATE	MOON	THERMOMETER.			WINDS.			ATMOSPHERE.		
		8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	1 P.M.	8 A. M.	3 P. M.	8 P. M.
1		2	12	12	N W	N W	N W	clear	clear	cloudy
2		14	24	24	S W	N E	N E	cloudy	cloudy	cloudy
3	☾	22	26	16	S W	S W	N W	clear	cloudy	clear
4		—5	8	2	N W	N W	N W	clear	clear	clear
5		8	18	20	S W	S W	S W	clear	snow	cloudy
6		12	19	14	S W	S W	N W	clear	clear	clear
7		13	24	26	S W	S W	S W	snow	snow	snow
8		31	24	6	S W	S W	N W	clear	cloudy	clear
9		—6	4	6	N W	N W	N W	clear	clear	clear
10		12	24	18	N E	N E	S W	snow	cloudy	cloudy
11	☉	18	8	0	N E	S W	N W	snow	snow	cloudy
12		—25	—6	—2	N W	N W	N W	clear	clear	snow
13		8	18	14	S W	S W	S W	cloudy	cloudy	cloudy
14		2	11	4	N W	N W	N W	clear	clear	clear
15		2	26	24	S W	S W	N E	clear	clear	cloudy
16		32	38	31	N E	N E	N E	snow	cloudy	cloudy
17		10	19	16	N W	N W	N W	clear	clear	clear
18	☾	20	30	24	N E	N E	N E	cloudy	snow	snow
19		12	18	10	S W	S W	N W	snow	snow	clear
20		1	15	15	N W	N W	N W	clear	cloudy	cloudy
21		26	32	24	S W	S W	N E	cloudy	cloudy	snow
22		23	32	24	N E	N E	S W	snow	cloudy	cloudy
23		8	24	22	S W	N E	N E	clear	snow	snow
24		25	34	24	S W	S W	S W	cloudy	clear	clear
25	☉	17	28	28	S W	S W	N E	clear	clear	cloudy
26		29	34	30	S W	S W	S W	clear	clear	clear
27		24	34	28	N E	N E	N E	clear	cloudy	cloudy
28		35	42	34	N E	S W	S W	rain	clear	clear

DATE.	7
1	7
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4	2
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6	11
7	18
8	30
9	8
19	4
11	4
12	20
13	2
14	7
15	9
16	25
17	10
18	35
19	8
20	12
21	23
22	27
23	10
24	8
25	18
26	29
27	23
28	37

## FEBRUARY.

ATMOSPHERE.		THERMOMETER.		BAROMETER.		ATMOSPHERE.	
		7 A. M.	3 P. M.	7 A. M.	3 P. M.		
		1 7 —	11 X	30 29	30 31	—Fair.	
		2 10 X	27 “	30 35	29 90	—Fair.	
		3 26 “	36 “	29 71	29 96	—Fair.	
		4 2 —	12 “	30 22	30 37	—Fair.	
		5 0 “	10 “	30 19	29 94	—Fair.	
		6 11 X	28 “	29 83	29 89	—Fair.	
		7 18 “	30 “	30 06	29 95	—Fair.	
		8 30 “	32 “	29 71	30 08	—Fair.	
		9 8 —	10 “	30 36	30 16	—Fair.	
		10 4 X	21 “	29 75	29 69	—Fair.	
		11 4 “	4 “	29 49	29 67	—Stormy,	
		12 20 —	10 “	29 97	29 86	—Fair.	
		13 2 X	16 “	29 76	29 69	—Snow.	
		14 7 “	24 “	30 13	30 21	—Fair.	
		15 9 “	30 “	30 31	30 07	—Snow.	
		16 25 “	37 “	29 78	29 62	—Fair.	
		17 10 “	34 “	29 85	29 79	—Fair.	
		18 35 “	41 “	29 71	29 59	—Rain.	
		19 8 “	17 “	29 68	29 97	—Snow.	
		20 12 “	26 “	30 21	29 99	—Snow.	
		21 23 “	36 “	29 86	29 43	—Snow.	
		22 27 “	33 “	29 08	29 27	—Fair.	
		23 10 “	26 “	29 81	29 79	—Snow.	
		24 8 “	34 “	29 92	29 91	—Fair.	
		25 18 “	30 “	29 89	29 93	—Fair.	
		26 29 “	49 “	29 98	29 07	—Fair.	
		27 23 “	49 “	30 16	30 11	—Fair.	
		28 37 “	47 “	29 91	30 73	—Fair.	

## MARCH.

DATE	MOON	THERMOMETER.			WINDS.			ATMOSPHERE.			
		8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.	
1		27	28	24	S	W	N	E	clear	clear	cloudy
2		23	28	26	N	E	N	E	snow	snow	cloudy
3		26	28	14	S	W	S	W	cloudy	clear	clear
4		2	16	18	N	W	S	W	clear	clear	cloudy
5	☾	16	33	28	S	W	S	W	clear	clear	cloudy
6		30	43	36	N	E	N	E	clear	clear	cloudy
7		32	34	34	N	E	N	E	snow	snow	rain
8		20	32	26	S	W	S	W	snow	clear	clear
9		16	33	30	S	W	S	W	clear	clear	clear
10		16	35	28	S	W	S	W	clear	clear	clear
11		20	36	32	S	W	S	W	clear	clear	clear
12		33	42	33	N	E	S	E	cloudy	rain	sleet
13	☉	34	36	22	N	E	S	W	sleet	sleet	stormy
14		28	36	32	S	W	S	W	clear	cloudy	cloudy
15		32	42	34	S	W	S	W	cloudy	cloudy	cloudy
16		32	38	32	S	W	S	W	clear	clear	clear
17		24	36	32	N	W	S	W	clear	clear	clear
18		30	34	34	N	E	N	E	cloudy	snow	snow
19		35	40	26	S	W	S	W	clear	clear	clear
20	☾	32	26	18	S	W	N	W	clear	clear	clear

## NOTICE TO NATURAL PHILOSOPHERS.

Any document, however unworthy of notice it may appear, relative to the state of the atmosphere, or to the prevailing diseases in any part of our country, at all seasons of the year, will be thankfully and gratefully received by the Editor of this Journal. Such as might be disposed to comply with this request, will be presented with a complete set of instruments for the purpose, with also suitable directions and formulæ by which this labour may become a very instructive amusement, without occasioning neither trouble nor expence.

Nothing in this department will be void of interest for the Medical Journal, whether in the shape of note or otherwise.

MARCH.

ATMOSPHERE.

3 P. M. 8 P. M.

clear cloudy  
snow cloudy  
clear clear  
clear cloudy  
clear cloudy  
clear cloudy  
snow rain  
clear clear  
clear clear  
clear clear  
clear clear  
rain sleet  
sleet stormy  
cloudy cloudy  
cloudy cloudy  
clear clear  
clear clear  
snow snow  
clear clear  
clear clear

DATE	THERMOMETER.		BAROMETER.		ATMOSPHERE.
	4 A. M.	3 P. M.	7 A. M.	3 P. M.	
1	15 X	19 X	30 31	30 17	—Fair.
2	21 “	32 “	30 08	29 89	---Snow.
3	11 “	22 “	30 06	30 21	—Fair.
4	5 “	30 “	30 42	30 34	---Fair.
5	14 “	40 “	30 28	30 21	---Fair.
6	29 “	46 “	30 07	29 93	—Fair.
7	23 “	38 “	29 73	29 68	---Rain.
8	21 “	40 “	29 81	29 89	---Fair.
9	24 “	43 “	29 91	29 85	---Fair.
10	20 “	45 “	29 97	29 94	---Fair.
11	18 “	52 “	30 01	29 97	---Fair.
12	41 “	39 “	29 78	29 46	---Rain.
13	32 “	30 “	29 37	29 41	---Snow.
14	22 “	32 “	29 51	29 48	---Snow.
15	26 “	35 “	29 46	29 51	---Snow.
16	22 “	43 “	29 73	29 95	---Fair.
17	14 “	54 “	30 11	30 07	---Fair.
18	33 “	38 “	29 97	29 73	---Snow & Rain.
19	32 “	45 “	29 66	29 85	---Fair.
20	16 “	42 “	30 18	30 27	---Fair.

TO CORRESPONDENTS.

SOPHIERS.

notice it may appear,  
to the prevailing  
seasons of the year,  
by the Editor of  
to comply with this  
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f note or otherwise.

The communication from the Montreal General Hospital, which we announced in our last, was returned to its author with the request that he would obtain the sanction of the Medical board of that establishment for thus one publishing of their cases, which we suppose has been refused, since we have heard no more of it

We beg leave to acquaint our Correspondents, that all communications must be sent before the close of the month preceding that of the publication, and in order the better to facilitate the correspondents without occasioning precipitation in the typographical labours, this Journal will appear about the middle of each quarterly month.

EXTRACT FROM THE LONDON TIMES.

5th February, 1827.

*The late Mr. Ellerby, and dissection of dead bodies.*

To the Editor of the Times.

SIR,—I enclose you an extract from the will of the late Mr. Ellerby, surgeon, of New Broad-street. You will see that it is dictated with a warm spirit of devotion towards the science he professed, and there can be no doubt but its publication will have a tendency to diminish the prejudices existing in the public mind against *post mortem* examinations.

I remain, Sir, your obedient.

“ For the guidance and instruction of those whom I may appoint as the executors of this my last will, I do here set down what my wish is concerning the disposal of my body. After my decease, I request to be placed in a very plain shell or coffin, with all possible dispatch ; that my friends and acquaintances be assembled as soon as convenient, and preferring to be of some use after my death, I do will, wish, beg, pray, and desire, that at the conclusion of such meetings of my friends and acquaintances, and at which I particularly wish those medical friends who have so kindly attended me through my long illness to be present, to be held at the house at which I may have breathed my last. That the shell or coffin in which I may be laid, be placed in a plain hearse, with directions for it to be taken to Mr. Kiernan's or some dissecting-room of an approved anatomical school, followed simply by the medical men in one or two plain coaches, and that they do there examine it to their full satisfaction, taking away such parts as may be of pathological utility ; after which that the remains be dissected, or made whatever use of the anatomical teacher of such school may think proper,



"This I do as a last tribute to a science which I have delighted in, and to which I now regret that I have contributed so little ; but if this example which I have set and design for my professional brethren, be only followed to the extent I wish, I am satisfied that much good to science will result from it ; for if medical men, instead of taking such care of their precious carcasses, were to set the example of giving their own bodies for dissection, the prejudice which exists in this country against anatomical examinations, and which is increasing to such an alarming degree, would soon be done away with, and science proportionably benefitted, as the obstacles were thus removed. Nay, so far do I think this a duty incumbent upon one entering the profession, that I would have it, if possible, framed into a law, that, on taking an examination at a public college for licence to practise, whether physic, surgery, or pharmacy, it should be made a *sine qua non*, that every one taking such licence, should enter into a specific agreement that his body should, after his death, become the property of his surviving brethren, under regulations instituted by authority."

[After this follows the distribution of the different parts of the body to the medical men who attended him in his last illness ; such parts being those only, which, from the particular studies of each, were supposed by Mr. Ellerby, to have to such of them a peculiar interest.]

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